

P120003000/32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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5/15/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2013

MARIA JEREZ
PHARMA FORMULATIONS LABS, INC..
2980 WEST 84 ST, BAY #2
HIALEAH, FL 33018

SUBJECT: PHARMA FORMULATIONS LABS, INC..
Ref. Number: P12000000132

We have received your document for PHARMA FORMULATIONS LABS, INC..
However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 113A00010206

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHARMA FORMULATIONS LABS, INC
2. The principal office address: 2980 WEST 84 ST, BAY #2
HIALEAH, FL 33018
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/03/2012 Document number: P12000000132
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ARS LABS INC

12601 NW 115 AVE #103, MEDLEY, FL 33178

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maria D Jerez
Signature of an officer or director

MARIA JEREZ

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rafael Alameda Gonzalez
Signature of Registered Agent

04/16/2013

Date

If signing on behalf of an entity:

RAFAEL ALAMEDA GONZALEZ

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314