P36488

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600288385756

08/08/16--01024--027 **35.00

JIVISION DECEMBERATION

AUG 1 7 2016 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 4, 2016

Order#: 239805-004

Re: LABORATORY SUPPLY COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

	•	502, 617.0502, 607.1508, or (pration organized under the lo		2s, this	
in orde	er to change its registered of	fice or registered agent, or bo	oth, in the State of Florida	<i>a</i> .	
1. The name of	Laboratory the corporation:	Supply Company			
		Lane, Louisville, KY 40218			
3. The mailing a	address (if different):				
4. Date of incorp	e of incorporation/qualification: Document number:		P36488 t number:		
5. The name and		t registered agent and register			
C T Corporation System				2818	بر نیک
1200 South Pine Island Road		pad	 	AUG	SIGN OF
	Plantation	FL	33324	8	
6. The name and (if changed):		egistered agent (if changed) ar	nd /or registered office	am 9: 55	FORATIO-
	Corporation Service Comp	oany 			
	1201 Hays Street				
	Tallahassee	P.O. Box NOT acceptable	32301		
The street address changed will	ess of its registered office ar be identical.	nd the street address of the bo	usiness office of its regis	stered agent	t,
		duly adopted by its board of has been notified in writing	directors or by an officer of the change.	г ѕо	
karen Pi	ineda	Karen Pineda,	Assistant Secretary		
•	ire of an officer or director		ted or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provision my duties, and I am familia is document is being filed m	red agent and agree to act in ns of all statutes relative to to ir with and accept the obligate serely to reflect a change in the en notified in writing of this	he proper and complete tion of my position as re the registered office addi	gistered ress, I	
By: 1 hoursign	nature of Registered Agent	08/03/2016	Date		
_	half of an entity:				
	Assistant Vice President				
T	yped or Printed Name				

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

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