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**Division of Corporations** 

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vision of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATION Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

CENED	8 AM 7:39	Inail Silver	Address:			
		SEE FOR	REGISTERED AGENT CHANGE AVEVA DRUG DELIVERY SYSTEMS, INC.			
4	R 28		Certif	icate of Status	0	
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			Estim	ated Charge	\$35.00	5

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

## 1. The name of the corporation is: AVEVA DRUG DELIVERY SYSTEMS, INC.

- 2. The principal office address: 3250 COMMERCE PARK WAY MIRAMAR FL 33025
- 3. The mailing address (if different): <u>3250 COMMERCE PARK WAY</u> MIRAMAR FL 33025
- 4. Date of incorporation/qualification: 5/16/1991 Document Number: 552000
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM	
12 SOUTH PINE ISLAND ROAL	כ

- PLANTATION FL 33324
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.

11380 Prosperity Farms Road #221E (P.O. Box Not acceptable)

Palm Beach Gardens FL 33410

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 sc authorized by the board, or the corporation has been notified in writing of the change.

ノいんの (Signature of an officer or director)

Natasha Duke, Attorney-in-Fact (Printed or Typed name and bite)

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.

(Signature of Registered Agent)

4/27/2017 (Datc)

If signing on behalf of an entity:

Natasha Duke, Special Secretary

(Typed or Printed Name)

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

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107