I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000031427

Entity Name: ALA-SEPTIC PHARMACEUTICAL RESEARCH, LLC

Current Principal Place of Business:

6045 CALAIS BLVD. N., #9 ST. PETERSBURG, FL 33714

Current Mailing Address:

6045 CALAIS BLVD.N., #9 ST. PETERSBURG, FL 33714 US

FEI Number: 30-0621963

Name and Address of Current Registered Agent:

COHEN, ALLEN J 6045 CALAIS BLVD.N., #9 ST. PETERSBURG, FL 33714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorized Pe

Title	MGR	Title	ASST
Name	COHEN, ALLEN J	Name	COHEN, VIKTORIYA P
Address	6045 CALAIS BLVD.N., #9	Address	6045 CALAIS BLVD.N., #9
City-State-Zip:	ST. PETERSBURG FL 33714	City-State-Zip:	ST PETERSBURG FL 33714

Electronic Signature of Registered Agent				
Person(s) Detail :				
MGR	Title	ASST		
COHEN, ALLEN J	Name	COHEN, VIKTORIYA P		
	Addroop			

that my name appears above, or on an attachment with all other like empowered. 04/28/2018 SIGNATURE: ALLEN JAY COHEN BUSINESS MANAGER

Date

FILED Apr 28, 2018 Secretary of State CC4633398072

Certificate of Status Desired: Yes

Date