

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
PharmaNet/i3 Strategic Resourcing South, LLC		01/25/2013	LIMITED LIABILITY COMPANY: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	inVentiv Health Clinical SRS, LLC		
<b>Street Address:</b>	One Van de Graff Drive		
<b>Internal Address:</b>	6th Floor		
<b>City:</b>	Burlington		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	01803		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4087919	WORKING AT THE SPEED OF LIFE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6144642634		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
<b>Phone:</b>	614-462-5458		
<b>Email:</b>	trademarks@keglerbrown.com		
<b>Correspondent Name:</b>	Stephen C. Barsotti		
<b>Address Line 1:</b>	65 East State Street		
<b>Address Line 2:</b>	Suite 1800		
<b>Address Line 4:</b>	Columbus, OHIO 43215		
<b>ATTORNEY DOCKET NUMBER:</b>	104601.18		
<b>NAME OF SUBMITTER:</b>	Stephen C. Barsotti		

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Signature:	/SCB/
Date:	07/26/2013
Total Attachments: 3 source=inVentivHealthClinicalSRS#page1.tif source=inVentivHealthClinicalSRS#page2.tif source=inVentivHealthClinicalSRS#page3.tif	

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PharmaNet/13 Strategic Resourcing South, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/2012 and assigned  
Florida document number L12000048033

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

InVentiv Health Clinical SRS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 25, 2013.

*Eric Sherbet*

Signature of a member or authorized representative of a member

**Eric Sherbet, Vice President and Secretary**

Typed or printed name of signee

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Filing Fee: \$25.00

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA