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

Office Use Only



000274829590

15 JUL 24 AM 10: 01

JUL 27 2015 C LEWIS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/24/15

NAME:

VIDARA THERAPEUTICS INC.

TYPE OF FILING: AMENDMENT

COST:

43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hoche

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VIDARA THERAPEUTICS INC.	
Name o	of Corporation
DOCUMENT NUMBER: F13000003450	
The enclosed Amendment and fee are submit	tted for filing.
Please return all correspondence concerning	this matter to the following:
PAUL W. HOELSCHER	
Name of Contact Person	
HORIZON PHARMA PLC	
Firm/Company	
520 LAKE COOK ROAD, STE 520	
Address	
DEERFIELD, IL 60015	
City/State and Zip Code	
phoelscher@horizonpharma.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matt	er, please call:
Paul W. Hoelscher	383-3263
Name of Contact Person	at (224) 383-3263 Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallabassae El 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F13000003450	
(Document r	number of corporation (if known)
, VIDARA THERAPEUTICS INC.	number of corporation (if known) 2 3 4 4 5 6 7 7 7 8 8 8 8 8 8 8 8 8 8
1.4	uppears on the records of the Department of State)
2. DELAWARE	3. AUGUST 13, 2013 (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLETE	SECTION II ONLY THE APPLICABLE CHANGES)
	poration, when was the change effected under the laws of
its jurisdiction of incorporation? SEPTEMBER 19	9, 2014
5. HZNP USA INC.	
(Name of corporation after the amendment, add appropriate abbreviation, if not contained in n	ding suffix "corporation," "company," or "incorporated," or new name of the corporation)
(If new name is unavailable in Florida, enter alt business in Florida)	ternate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration	on, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction of in	ncorporation, indicate new jurisdiction.
-	(New jurisdiction)
(a,b)	r import, evidencing the amendment, authenticated not more than he Department of State, by the Secretary of State or other official sdiction under the laws of which it is incorporated.
Parlwith	
(Signature of a direct of a receiver or other	lor, president or other officer - if in the hands r court appointed fiduciary, by that fiduciary)
PAUL W. HOELSCHER	EVP, CFO and SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VIDARA THERAPEUTICS

INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"HZNP USA INC.", THE NINETEENTH DAY OF SEPTEMBER, A.D. 2014, AT

3 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HZNP USA INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

5121833 8320

151091880

AUTHENTY CATION: 2587634

DATE: 07-24-15

You may verify this certificate online at corp.delaware.gov/authver.shtml