F16000001981

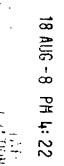
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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SECRETAGE OF STATE
SECRETAGE OF STATE



AUG 13 2018 S. YOUNG



August 9, 2018

Please give original submission date as file date.

CORPORATION SERVICE COMPANY EMILY CROFT

SUBJECT: BRAEBURN PHARMACEUTICALS, INC.

Ref. Number: F16000001981

We have received your document for BRAEBURN PHARMACEUTICALS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

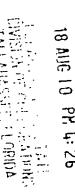
ALTERNATE NAME

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 818A00016394



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 338464 8153503				
AUTHORIZATION Spelledens				
COST LIMIT : 43.75				
ORDER DATE : August 8, 2018				
ORDER TIME : 3:59 PM				
ORDER NO. : 338464-015				
CUSTOMER NO: 8153503				
FOREIGN FILINGS				
NAME: BRAEBURN PHARMACEUTICALS, INC.				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Emily Croft EXT#				

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Nam	
Nam	e of Corporation
DOCUMENT NUMBER:	
The enclosed Amendment and fee are sub-	mitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Name of Contact Person	
Name of Contact Ferson	
Firm/Company	
Address	
Addiess	
City/State and Zip Code	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this ma	atter, please call:
Name of Contact Person	at (
Enclosed is a check for the following amount	unt:
\$35.00 Filing Fee S43.75 Filing Fee Certificate of State	& \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Clifton Building	
Fallahassee, FL 32314 2661 Executive 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.)

		ECTION I ET BE COMPLETED)	₩
	F16000001981		LLA Civil
	(Document numb	ber of corporation (if known)	AUG -8 AIIASSI
, BRAEBURN PHARM	ACEUTICALS, INC.		
••	(Name of corporation as it appea	ars on the records of the Department of State)	.
2. Delaware		₃ 9/21/2012	8: 54 IATE ORIDA
2. (Inc	corporated under laws of)	3. 9/21/2012 (Date authorized to do busine	ess in Florida)
		ECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment c	hanges the name of the corpora	ition, when was the change effected unde	er the laws of
	ncorporation? 07 / 26/ 2018		
5. Braeburn Inc.			
(Name of cornoration	on after the amendment, adding viation, if not contained in new	suffix "corporation," "company," or "in name of the corporation)	ncorporated," or
Braeburn Rx Inc.			· •
(If new name is una business in Florida	vailable in Florida, enter alterna)	ate corporate name adopted for the purpo	ose of transacting
6. If the amendment c	changes the period of duration, i	indicate new period of duration.	
	N/A	New duration)	
	•	·	
7. If the amendment of		rporation, indicate new jurisdiction.	
	N/A (N	lew jurisdiction)	
00 dave prior to de	livery at the application to the L	nport, evidencing the amendment, authen Department of State, by the Secretary of tion under the laws of which it is incorpo	State of other official
\mathcal{L}_{0}	uis Kraliani		
(_) ()	(Signature of a director, p	president or other officer - if in the hands urt appointed fiduciary, by that fiduciary)	
Louis Ricigliano		Vice President, Finance & A	Asst S

(Title of person signing)

(Typed or printed name of person signing)

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BRAEBURN

PHARMACEUTICALS, INC.", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "BRAEBURN INC." ON THE TWENTY-SIXTH DAY OF

JULY, A.D. 2018, AT 6:25 O'CLOCK P.M.

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.



Authentication: 203213372

Date: 08-08-18