

10/6/22, 9:00 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Center Sheet
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

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

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SECRETARY OF STATE
 TALLAHASSEE, FL 32399

2022 OCT -6 PM 2:51

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REGISTERED AGENT CHANGE
 PURDUE PHARMA L.P.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

C. BRUMBLEY

OCT-7-2022

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PURDUE PHARMA L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/06/2003 3. B03000000381
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State.

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Joe Davis Joe Davis, Authorized signer of PURDUE PHARMA, INC. its General Partner
Signature of General Partner

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.

Michele Holden Michele Holden, assist secretary
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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