

(Requestor's Name)				
(Address)				
(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



700268081087

01/13/15--01022--009 **35.00

IS JAN 13 AM II: 10

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

JAN 15 2015 T. CARTER

COVER LETTER

Division	of Corporations				
ins	pire Pharmaceuticals, Inc.				
SUBJECT:	Name of C	orporation			
DOCUMENT N	F10000001078 NUMBER:	AL - ALA			
The enclosed Sta	atement of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all	correspondence concerning this matte	r to the following:			
	Doreen Wiman				
	Name of Cor	ntact Person			
	Akorn, Inc.				
Firm/Company					
	1925 W. Field Court, Suite 300				
	Address				
	Lake Forest, Illinois 60045				
	City/State ar	d Zip Code			
	doreen.wiman@akorn.com				
	E-mail address: (to be used for fi	uture annual report notification)			
For further inform	mation concerning this matter, please of	call:			
Doreen Wiman		847 353-4919 at ()			
N	lame of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a \$35	5.00 check made payable to the Depart	ement of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha		7.0502, 607.1508, or 617.1508, Flori organized under the laws of the State egistered agent, or both, in the State	of Delaware
	the corporation: Inspire Pharmaceut	•	y Fioriaa.
2. The principal	office address: 1925 W. Field Court	, Suite 300, Lake Forest, Illinois 600	45
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification: 02/26/2010	Document number: F100	00001078
	d street address of the current register trment of State: (If resigned, enter res	red agent and registered office on file signed)	
	C T Corporation System		ا ا
	1200 South Pine Island Road		JAN 3 AM office 0
	Plantation	FL 33324	— ω ; æ :
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NOT acceptable		_
	Tallahassee	FL 32301	_
as changed will	be identical.	reet address of the business office of pted by its board of directors or by a notified in writing of the change.	
Meur	occur	Joseph Bonaccorsi	Secretary
I hereby accept to the state of	the of an officer or director the appointment as registered agent o comply with the provisions of all s my duties, and I am familiar with a s document is being filed merely to that the corporation has been notific n Service Company	Printed or typed name and tand agree to act in this capacity, statutes relative to the proper and cand accept the obligation of my positive feet a change in the registered of the writing of this change.	
By: M	MY Culley lature of Registered Agent	01/02/2015 Date	
	nalf of an entity:	Daily	
Ту	ped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)