Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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## REGISTERED AGENT CHANGE NEUROGESX, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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4/8/2010

## **COVER LETTER**

TO: Amone Divisio	iment Section on of Corporations				
SUBJECT:	Neuroga				
	Name o	of Corporation			
DOCUMENT	NUMBER:	F10000001293			
The enclosed S	tatement of Change of Registered Of	flice/Agent and fee are submitted for filing.			
	l correspondence concerning this ma				
	Name of	Contact Person			
	Firm	/Company			
	Address				
	City/State	and Zip Code			
	Aurora Uyehara @neurogesx.com				
		r future annual report notification)			
For further infor	mation concerning this matter, pleas	e cail:			
	Same of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a \$3.	5.00 check made payable to the Dep	artment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (\$/05)

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

2. The principal office address: 2215 BRIDGEPOINTE PARKWAY, SUITE 200, SAN MATEO CA 94404  3. The mailing address (if different); 2215 BRIDGEPOINTE PARKWAY, SUITE 200, SAN MATEO CA 94404  4. Date of incorporation/qualification: 03/12/2010 Document number: F10000001293  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State; (if resigned, enter resigned)  OLEINIK, JOHN  13804 SHADY SHORE DRIVE  TAMPA FL 93613  6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed);  CT Corporation System, 1200 South Pine Island Road  PO. Box NOT scoopable  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  Such change was authorized by pestitution duly adopted by its board of directors or by an officer so authorized by the board or the composition has been notified in writing of the change.  Plantation of the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes relative to the proper and complete per formonce of my duties, and I am Jamiliary with the per statutes of the complete of the proper and complete per formonce of my duties, and I am Jamiliary with the provisions of all statutes registered of an entity in the per statutes of the per statutes of	1. The name o	of the corporation: NEUROGESX, INC.	
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE		MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 82E045 (2/05)		Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 12314	

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