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(((H15000155146 3)))



H150001551463ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)205-8842 : (850)878-5368 Fax Number

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN APTALIŞ PHARMATECH, INC.

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:	Aptalis Pharmatech, Inc.
Ni	ame of Corporation
DOCUMENT NUMBER:	F12000002453
The enclosed Amendment and fee are so	ubmitted for filing.
Please return all correspondence concer	ning this matter to the following:
Brenda Reck	
Name of Contact Persor	1
Aptalis Pharmatech, Inc	
Firm/Company	
845 Center Drive	
Address	
Vandalia, OH 45377	
City/State and Zip Coo	de
Brenda.reck@adarepharma.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this	matter, please call:
Name of Contact Person	at ( ) Area Code & Daytime Telephone Number
Enclosed is a check for the following an	mount:
\$35.00 Filling Fee \$43.75 Filling Certificate of	Fee & S43.75 Filing Fee & Certified Copy (Additional copy is cruclosed)  S252.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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

# 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)

F12000002453	
(Document number of corpo	oration (if known)
Aptalis Pharmatech, Inc.	exords of the Department of State)
(Name of corporation as it appears on the re	cords of the Department of State)
Nevada	2 6/11/12
(Incorporated under laws of)	3. (Date authorized to do business in Florida)
SECTION (4-7 complete only the ap	
. If the amendment changes the name of the corporation, whe	
its jurisdiction of incorporation? 4/29/15	<u> </u>
Adare Pharmaceuticals, Inc.	
(If new name is unavailable in Florida, enter alternate corpor business in Florida)	ate name adopted for the purpose of transacting
. If the amendment changes the period of duration, indicate n	ew period of duration.
(New duration	on)
. If the amendment changes the jurisdiction of incorporation,	indicate new jurisdiction.
(New jurisdic	tion)
Attached is a certificate or document of similar import, evic 90 days prior to delivery of the application to the Departme having custody of corporate records in the jurisdiction under the corporate records in the corporate	
(Signature of a director, president or other officer - if in the han of a receiver or other court appointed fiduciary, by that fiduciar	ds 'y'}
John Fraher	President
(Typed or printed name of person signing)	(Title of person signing)

## SECRETARY OF STATE



### **CERTIFICATE OF NAME CHANGE**

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that on April 29, 2015, a Certificate of Amendment to its Articles of Incorporation changing the name to ADARE PHARMACEUTICALS, INC., was filed in this office by APTALIS PHARMATECH, INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Christine Rakow Certificate Number: C20150609-0225 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 23, 2015.

BARBARA K. CEGAVSKE Secretary of State