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()	Requestor's Name)				
(,	Address)				
(,	Address)				
(1	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					
	J DENITS				
NOV 8 0 2023					

Office Use Only



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123 NOV 28 FM 3: 25

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the law	vs of the State of \Box	DE	<i>S</i>	
1. The name of t	he corporation: SUPERNUS PHARMAC	EUTICALS, INC.	, and the second			
	office address: 9715 Key West Avenue F					
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification:	Document number:				
	street address of the current registered a iment of State: (If resigned, enter resigne		d office on file wit	h the		
	C T CORPORATION SYSTEM			•	2023	
	1200 SOUTH PINE ISLAND ROAD				: AON 8202	
	PLANTATION	FL	33324	* (28 28	
6. The name and (if changed):	street address of the new registered ager	it (if changed) and	l /or registered offi	ce 23	EN 12: 10	
	Corporation Service Company					
	1201 Hays Street					
	P.O Box NOT acceptable					
	Tallahassee		32301			
	ss of its registered office and the street abe identical.				l agent.	
Such change wa	s authorized by resolution duly adopted board, or the corporation has been not	by its board of d ified in writing o	irectors or by an of the change.	fficer so		
Jack Eleattar		Jack Khattar	Pi	resident	& CEO	
	of an officer or director		ed or typed name and title			
of my duties, and document is bein corporation has Corporation	the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	stes relative to the gation of my posi registered office	e proper and comp tion as registered address, I hereby	olete perfo agent. Oi confirm t	rmance r, if this hat the	
By: 1 Inc	ature of Registered Agent	11/28	3/2023 Date			
If signing on beh	alf of an entity:					

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State

Grace E. Kirby, Asst. Vice President
Typed or Printed Name