## F130000001412

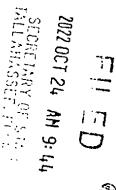
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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Special Instructions to	Eiling Officer	
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	J. HORNE	
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Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: LEO PHARMA INC.		
Name of Corporation		
DOCUMENT NUMBER: F13000001412		
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jake Failing		
Name of Contact Person	<u>-</u>	
IBCF		
Firm/Company		
407 N. Highland Ave.		
Address		
Nyack, NY 10960		
City/State and Zip Code	<del></del>	
jfailing@ibcf.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Jake Failing	at ( 845 ) 398 0900	
Name of Contact Person	at (845 ) 398 0900 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations The Control of Tallebasses	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: LEO PHARMA IN	C	
2. The principal	office address: 7 GIRALDA FARM	S2ND FLOORMADISON, NJ 07940	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/01/2013	Document number: F13000001412	<u>.</u>
	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the contest esigned)	2009 OCT 24 AM 9: 45
	CORPORATION SERVICE COMP	YANY SE S	
	1201 HAYS STREET	25.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	F 1
	TALLAHASSEE, FL 32301-2525		9. 7
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	15
	Legaline Corporate Services, Inc.		
	5237 SUMMERLIN COMMONS B	BLVD, SUITE 400	
	FORT MYERS, FL 33907	P.O. Box, NOT acceptable	
	ss of its registered office and the be identical.	street address of the business office of its registered a	igent,
authorized by the	is authorized by resolution duly action by be board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
Signatur	Remius e of an officer or director	Leith Bernius tream	<u>urer</u>
I famelain armin	a ganish with the provincions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete perforn he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm the hange.	nance if this at the
Laure	atry	101/3122	
	half of an entity:	Date	
Jake 1	Ded or Printed Jame		

3

\* \* \* 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 (04/13)