

SECRETARY OF STATE
TALLAHASSEE, FLOR.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEO PHARMA INC.
Name of Corporation

DOCUMENT NUMBER: FI3000001412

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jake Failing

Name of Contact Person

IBCF

Firm/Company

407 N. Highland Ave.

Address

Nyack, NY 10960

City/State and Zip Code

jfailing@ibcf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake Failing

Name of Contact Person

at (845) 398 0900

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Delaware
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEO PHARMA INC.
2. The principal office address: 7 GIRALDA FARMS2ND FLOORMADISON, NJ 07940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/2013 Document number: F13000001412
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

FILED
2022 OCT 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Legalinc Corporate Services, Inc.
5237 SUMMERLIN COMMONS BLVD, SUITE 400
P.O. Box NOT acceptable
FORT MYERS, FL 33907

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 resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

/s/ Keith Bernius Keith Bernius Treasurer
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Jake Failing 10/13/22
Signature of Registered Agent Date

If signing on behalf of an entity:

Jake Failing
Typed 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 (04/13)