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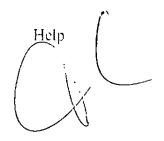
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-1110 4 4	MUUI COO.			

REGISTERED AGENT CHANGE SILVERGATE PHARMACEUTICALS, INC.

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of Γ egistered agent, or both, in the State of Fi	elaware.	iis	
1. The name of t	he corporation: Silvergate Pharmacet	uicals, Inc.			
	office address: 8 CABOT RD, STE 2		-		
27 The principal	WOBURN, MA 0180				
3. The mailing a	ddress (if different):				
		Document number: F1300000	4284		_
	street address of the current register tment of State: (If resigned, enterres	red agent and registered office on file wit igned)	h the		
	CORPORATION SERVICE COMPA	ANY			
	1201 HAYS STREET			2	
	TALLAHASSEE, FL 32301		E	2024 HAR -5	
6. The name and (ifchanged):	street address of the new registered	LAHAS MARAN		b	
	C T Corporation System	m. M.			
	1200 South Pine Island Road		8: Ļ 5	•	
	Plantation, Florida 33324	<u>:</u> -	വ		
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the business office of its	registere	ed agent,	
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	pted by its board of directors or by an o n notified in writing of the change.	ifficer so		
7	Laua Korosec	KARA KOROSEC, SECRETARY			
l hereby accept . I further agree t	t I am familiar with and accept the 1g filed merely to reflect a change i been notified in writing of this cha	Printed or typed name and till it and agree to act in this capacity, statutes relative to the proper und comp obligation of my position as registered in the registered office address, I hereby nge.	olete pert	formance Or, if this that the	?
Sign	nture of Registered Agent	02/22/2024 Date			
•	nalf of an entity:				
SEAN L. EMERI	CK, ASSISTANT SECRETARY				
Гу	ped or Printed Nume				
	* * * E11 IN/C	* CCC. \$25.00 ± ± ±			

FILING FEE: \$35.00

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