## F14000002405

(Requestor's Name)			
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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RA/RO/Ch8

OCT 1 0 2016 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 30, 2016

Order#: 310407-007

Re: TRANSDERMAL THERAPEUTICS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company

2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

•	•	17.0502, 607.1508, or 617.1508, Florida Statutes	i, this
		organized under the laws of the State of AL registered agent, or both, in the State of Florida.	
	the corporation: TRANSDERMAL		
2. The principal			
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06/02/2014	Document number: F14000002405	
	d street address of the current regist trment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	CT CORPORATION SYSTEM		
	1200 S PINE ISLAND RD		
	PLANTATION	FL 33324	2016
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		<b>=</b> iπ
	1201 Hays Street		MIII: 3
	Σ		33
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered agent,
Such change wa authorized by th		dopted by its board of directors or by an officer sen notified in writing of the change.	so
	e E alnie	Jill Cilmi, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addre ified in writing of this change.	istered 288, I
By: Lino	re C. Kubly	09/30/2016	<u></u>
Sig	nature of Registered Agent	Date	•
If signing on be	half of an entity:		
	Asst. Vice President		
T	yped or Printed Name		

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