F15000001087

(Re	equestor's Name)			
(Ad	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Be	usiness Entity Nan	ne)		
(Document Number)				
tified Copies	Certificates	of Status		
ecial Instructions to Filing Officer:				
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Office Use Only



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RAHOCHS

JAN 2**8** 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: December 11, 2020

Order#: 536761-005

Re: ALIMERA SCIENCES, 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: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive 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

statement of chai	nge is submitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida Storganized under the laws of the State of $\frac{D}{C}$ egistered agent, or both, in the State of Flo	E
1. The name of t	he corporation: ALIMERA SCIENCE	ES, INC.	
2. The principal	office address: 6120 WINDWARD F	PARKWAY, STE 290 ALPHARETTA, GA	30005
3. The mailing a	ddress (if different):		
4. Date of incorp	corporation/qualification: 03/16/2015 Document number: F15000001087		
5. The name and		ered agent and registered office on file with	
	CT CORPORATION SYSTEM		••.•
	1200 SOUTH PINE ISLAND ROA	AD	
	PLANTATION, FL 33324		
6. The name and (if changed):		d agent (if changed) and /or registered office	ce :: 7:
	Corporation Service Company		- 3
	1201 Hays Street		
	Tallahassee	O. Box NOT acceptable FL 32301	
The street addre	ss of its registered office and the s	treet address of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly ad le board, or the corporation has be	opted by its board of directors or by an o	fficer so
Que E agni			
Signatur	e of an officer or director	Printed or typed name and title	:
I further agree to family duties, and document is being corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	nt and agree to act in this capacity. l statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	plete performance agent. Or, if this confirm that the
By: Drage	- Co-Kubly	12/11/2020	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Assistant Vice President		
•,	•	G 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)