

F15000 003 008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

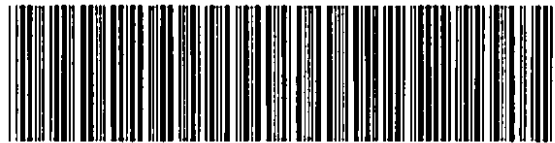
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VELOXIS PHARMACEUTICALS, INC.
Name of Corporation

DOCUMENT NUMBER: F1500003098

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:

Katelyn Bean
Name of Contact Person
Paracorp Incorporated
Firm/Company
2804 Gateway Oaks Dr #100
Address
Sacramento, CA 95833
City/State and Zip Code

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

For further information concerning this matter, please call:

Katelyn Bean at (888) 280-6563
Name of Contact Person 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



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: December 20, 2019

AE: Katelyn Bean

TO: Florida Department of State H1080
New Filing Section - Division of Corporations
PO Box 6327
Tallahassee, FL 32314

REFERENCE: 1392235

FAX:

PLEASE PERFORM THE FOLLOWING:

VELOXIS PHARMACEUTICALS, INC.

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	743537	Florida Department of State	\$35

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Katelyn Bean TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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: VELOXIS PHARMACEUTICALS, INC.

2. The principal office address: 1001 WINSTEAD DRIVE 3RD FLOOR SUITE 310, CARY, NC 27513

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/15/2015 Document number: F1500003098

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)

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301
P.O. Box NOT acceptable

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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.

Craig A. Collard Signature of an officer or director
Craig A. Collard, CEO 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.

L. Herrera Signature of Registered Agent
12/20/19 Date

If signing on behalf of an entity:
Leticia Herrera Asst Secretary for Paracorp Incorporated
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)