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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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REGISTERED AGENT CHANGE HUVEPHARMA INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	HUVEPHARMA INC. ECT: Name of Corporation
DOC	F15000003742 JMENT NUMBER:
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Denise Osland
	Name of Contact Person
	HUVEPHARMA INC.
	Firm/Company
	525 Westpack Dr., Suite 230
	Address
	Peachtree City, GA 30269
	City/State and Zip Code
	BJ.GREISSING@HUVEPHARMA.COM
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Tamm	y Tofleroo 617 531-5818 at ()
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	ted for a corporation organized under t s registered office or registered agent, c	
<u>-</u>		•
. The name of the corporation	n; 525 Westpark Drive Suite 230 Peachtre	ce City, GA 30269
. The principal office address	3;	
. The mailing address (if diff	erent):	
. Date of incorporation/qualif	fication: 08/24/2015 Docum	ment number; F15000003742
	s of the current registered agent and reg e: (If resigned, enter resigned)	gistered office on file with the
INCORP SER	VICES, INC	
17888 67TH (COURT NORTH	
LOXAHATC	HEE, FL 33470	
(if changed):	•	
NRAI Service	ne Island Road	<u> </u>
1200 South Pi	ne Island Road P.O. Box NOT acceptable	
	ne Island Road P.O. Box NOT acceptable	
1200 South Pi	ne Island Road P.O. Box NOT acceptable prida 33324	ne business office of its registered agent
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