

**F15000037412**

Florida Department of State  
Division of Corporations  
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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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**REGISTERED AGENT CHANGE  
HUVEPHARMA INC.**

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T. LEMUEUX

AUG 04 2016

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HUVEPHARMA INC.

Name of Corporation

**DOCUMENT NUMBER:** F15000003742

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:

Denise Osland

Name of Contact Person

HUVEPHARMA INC.

Firm/Company

525 Westpark 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 further information concerning this matter, please call:

Tammy Tofteroo

at ( 617 ) 531-5818

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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.

- \* MS - 0000013 Watson, Eugene Nelson