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## COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Espero Pharmace Lice Name of Co	als, Inc.			
Name of Co	orporation			
DOCUMENT NUMBER: F150000456	1			
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Name of Cor	visat Parson			
Name of Col	nact reison			
Espera Pramac	euticals, Inc.			
Thibed	mpany			
14286-19 Beach	BIUD NO. 270			
Address				
City/State and Zin Code				
Onyi Buile and Zip Code				
E-mail address: (to be used for future annual report notification)				
2 man address, (to be used for it	active difficulty report notification;			
For further information concerning this matter, please of	eall:			
•				
Name of Contact Person	at ( 714 ) 299-2266 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depart	ment of State.			
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee El 22214	2661 Evacutiva Contan Cirola			

Tallahassee, FL 32301

## 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
1. The name of the corporation: Espero Pharmaceutical 3, Inc.
2. The principal office address: 14286-19 Beach Blud NO. 270
JACKEDONVITTE, FL 32250
3. The mailing address (if different):
F150000045
4. Date of incorporation/qualification: 2015 Document number: 47-3427347
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)
lesigned: Incorporating Services LTD
1540 Blenway Dr
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Johney We
14286-19 Beach Blud ND. 270
Jocksonville, FA 32250
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.
Signature of an Officer or director  Signature of an Officer or director  Signature of an Officer or director  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.
If signing on behalf of an entity:
ESPERO AMBUMACENTICAS, INC.  Typed or Printed Name

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