Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000220966 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (614)573-3996

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

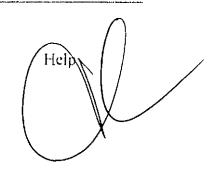
| Email | Address: | | | |
|-------|----------|--|--|--|

COR AMND/RESTATE/CORRECT OR O/D RESIGN VALNEVA USA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$43,75 |

Electronic Filing Menu

Corporate Filing Menu



PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| | /Decument number of gamention (if he | | | |
|--|--|---------------------|---------------------|--------------|
| ALNEVA USA, INC. | (Document number of corporation (if ke | юwп) | | |
| · | composition as it appears to the second of the | D | | |
| (Mutic Of | corporation as it appears on the records of the | Department of St | atc) | |
| (Incorporated under | r laws of | withorized to do | business in Florida | ` |
| <u> </u> | | | oranicas in Clotida |) |
| 14- | SECTION II 7 COMPLETE ONLY THE APPLICABLE | CHANCES | | |
| • | | • | • | |
| | he corporation, when was the change effected | under the laws of | its jurisdiction of | |
| ncorporation? | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Name of corporation after the amendm tot contained in new name of the corpo | ent, adding suffix "corporation," "company," ration) | or "incorporated," | or appropriate abl | revia |
| | | | | |
| f new name is unavailable in Florida, e | nter alternate corporate name adopted for the | purpose of transac | ting business in Fl | orida |
| | od of duration, indicate new period of duration | • | | |
| ii ale amenament enanges are pent | ou of duration, indicate new period of duration | 1. | | 707 |
| | • | · : | | 9.7 MAC 6707 |
| | (New duration) | | | (] [2 |
| | | , . | 7 T. S. | 2 |
| If the amendment changes the juris | diction of incorporation, indicate new jurisdic | tion. | <i>(</i>) | <u>.</u> |
| | · | | | |
| | (New jurisdiction) | , | | · |
| | | | | |
| samending the registered agent and/ | or registered office address in Florida, ento | er the name of the | <u>.</u> . | • |
| ew registered agent and/or the new i | registered office address: | | | |
| Name of New Registered Agent | | | | |
| | • | • | | |
| - | (Florida street address) | , | | |
| New Registered Office Address: | | , Florida | | |
| | (Ciņ) | | (Zip Code) | • • |
| New Registered Agent's Signature, if | changing Registered Agent. | • | | |
| hereby accept the appointment as regis | stered agent. I am familiar with and accept to | he obligations of t | le position, | |
| . ' | · | | | |
| Signature of New Rev. | istered Agent, if changing | · | | |

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| L.Remove : 20 | Title/ Capacit | Y <u>Nam</u> | <u>c</u> · | <u>Address</u> | Type of Action |
|---|------------------|----------------------|--------------------------|---|---|
| Bethesda, MA 20814 | VP | Luis Perez | | 4550 Montgomery Ave SUITE 460 | A.4.1 |
| Add 2024 L. Remove 2024 | | | | | Add |
| | • | . • | | Bethesda, MA 20814 | × temove |
| | | | | | |
| | | | | | Add |
| Add | | | • | | L_Remove |
| Add | | | | | |
| Add | | | | | |
| Add | | | | | |
| Add | | | | | L.Remove : 25 |
| L.Remove | | | | • . | 7 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° |
| L.Remove | | | | | Add : = % |
| Remove | | | | | 0 |
| Remove | | | | | |
| | | | | | Add |
| | · | | | | |
| |) - { Manahad !a | | | | |
| | | | Aus | 10 | |
| dasto | | | (Samature of a direction | r, president or other officer - if in the ha | nds of |
| Aar 10 | ۸ | dam Friedman | a receiver or other co | urt appointed fiduciary, by that fiduciary Vice President | ·) |
| (Softmature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | | (Typed or printed pa | me of person signing) | | crson signing) |

FILING FEE \$35.00