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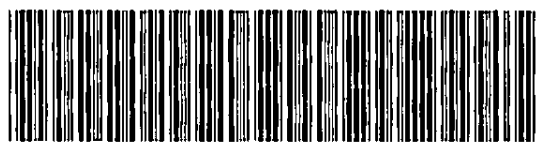
(Business Entity Name)

(Document Number)

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R. V. ...



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2017

BOBBIE ANNONSON  
ASPEN PARK PHARMACEUTICALS, INC.  
150 NORTH MICHIGAN AVENUE  
CHICAGO, IL 60601

SUBJECT: ASPEN PARK PHARMACEUTICALS, INC.  
Ref. Number: F16000003165

We have received your document for ASPEN PARK PHARMACEUTICALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 917A00006962

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aspen Park Pharmaceuticals, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F16000003165

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:

Bobbie Annonson  
Name of Contact Person

Aspen Park Pharmaceuticals, Inc  
Firm/Company

150 North Michigan Avenue  
Address

Chicago, IL, 60601  
City/State and Zip Code

bannonson@femalehealthcompany.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobbie Annonson at ( 312 ) 595-9123  
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

CR2E045 (03/12)



MIAMI HEADQUARTERS  
4400 Biscayne Blvd.  
Suite 888  
Miami, FL 33137  
www.veruhealthcare.com

July 20, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam.

Enclosed are the following documents.

- 1) updated Cover Letter
- 2) corrected Statement of Change of Registered Office or Registered Agent or Both for Corporations
- 3) copy of cleared check 14722 payable to the order of Department of State in the amount of \$35.00 dated 4/07/2017 for the filing fee
- 4) copy of originally submitted Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations

Upon recent inquiry as to why sunbiz.org does not reflect the new registered agent of Aspen Park Pharmaceuticals, Inc., we learned that an incorrectly completed Statement of Change of Registered Office or Registered Agent or Both for Corporations was submitted. We were also informed that a notification was sent to us on April 28, 2017 to make the correction but nothing was ever sent back to your office.

Please see enclosed documents in order to update sunbiz.org with the new registered agent of Aspen Park Pharmaceuticals, Inc. Since the filing fee has been paid, we gathered that it is simply a matter of submitting the corrected Statement of Change of Registered Office or Registered Agent or Both for Corporations.

Please feel free to reach me at (305) 509-6897 ext. 1002 if you have any questions. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Aaftine Antillon'.

Aaftine Antillon  
Director of Finance

17 JUL 25 PM 2:21

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aspen Park Pharmaceuticals, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F16000003165

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:

Aaftine Antillon  
Name of Contact Person

Veru Healthcare  
Firm/Company

4400 Biscayne Boulevard, Ste 888  
Address

Miami, FL 33137  
City/State and Zip Code

aaantillon@veruhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaftine Antillon at 305 509-6897 ext 1002  
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

**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: Aspen Park Pharmaceuticals, Inc.

2. The principal office address: 4400 Biscayne Boulevard, Ste 888, Miami, FL 33137

3. The mailing address (if different): 4400 Biscayne Boulevard, Ste 888, Miami, FL 33137

4. Date of incorporation/qualification: 07/18/2016 Document number: F16000003165

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)

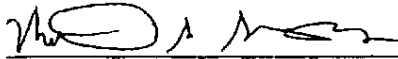
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

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

CT Corporation System  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

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

Mitchell Steiner  
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.*

  
Signature of Registered Agent

July 20, 2017  
Date

If signing on behalf of an entity:  
Kristin Bolden  
Assistant Secretary  
Typed or Printed Name

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