## F140000001157

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	Office Use On	ılv	



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: June 25, 2020

Order#: 333167-002

Re: OPTINOSE US, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, pration organized under the laws of the State of DELAW	
		fice or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: OPTINOSE	US, INC.	
2. The principal	office address: 1020 Stony	Hill Road, Suite 300, Yardley, PA 19067	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 03/10	0/2017 Document number: F17000001157	
	street address of the current tment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)	
	CT CORPORATION SYS	STEM	
	1200 S PINE ISLAND RD	)	
	PLANTATION, FL 33324		7020
6. The name and (if changed):	I street address of the new re	egistered agent (if changed) and /or registered office	2531 JUH 29
	Corporation Service Com	pany	PH
	1201 Hays Street		PH 4: 29
		P.O. Box NOT acceptable	. 9
	Tallahassee	FL 32301	
The street addre	ess of its registered office a be identical.	and the street address of the business office of its registe	ered agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer has been notified in writing of the change.	SO
Kich A. Golden		Keith A. Goldan, Chief Financial Officer	
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisio	Printed or typed name and title ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete poccept the obligation of my position as registered agent change in the registered office address, I hereby confit this change.	erformance Or, if this rm that the
By:	haze Z-Kubi.	06/18/2020	
Sig	nature of Registered Againt half of an entity:	Date	
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name	<del></del>	

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