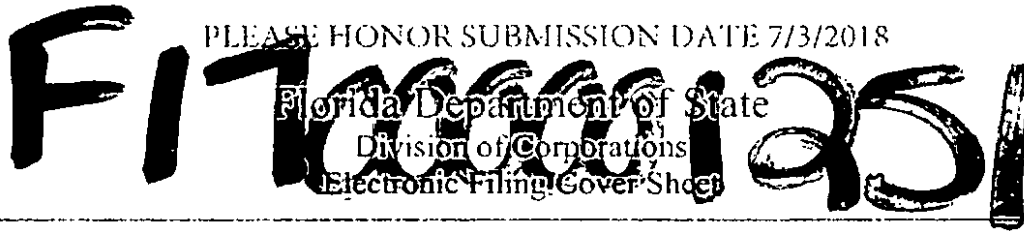


PLEASE HONOR SUBMISSION DATE 7/3/2018



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.

((H180002016423)))



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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WEST-WARD PHARMACEUTICALS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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TALLAHASSEE

Handwritten signature/initials

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)

F17000K01251

(Document number of corporation (if known))

1. WEST-WARD PHARMACEUTICALS CORP.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3.03/16/2017

(Date authorized to do business in Florida)

SECTION II
(4-7. COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/12/2018

5. HKMA PHARMACEUTICALS USA INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a debtor or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Sienna Burris

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILED
2016 JUN 11 AM 11
CLERK OF COURT
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEST-WARD
PHARMACEUTICALS CORP.", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "HIKMA PHARMACEUTICALS USA INC." ON THE
TWENTIETH DAY OF JUNE, A.D. 2018, AT 4:11 O'CLOCK P.M.



2264775 8320
SR# 20185489305

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203001993
Date: 07-03-18