Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

R. WHITE

AUG 30 2017

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

APOLLO PHARMACEUTICALS USA INC.

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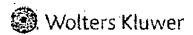
FAX COVER SHEET

| го | | | |
|-----------|---------------------------------|--|--|
| COMPANY | | | |
| FAXNUMBER | AXNUMBER 18506176380 | | |
| FROM | Kimberly Laughrey | | |
| DATE | E 2017-08-29 10:13:01 CST | | |
| RE | APOLLO PHARMACEUTICALS USA INC. | | |

COVER MESSAGE

Robert Sholl
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
<u>GlobalFulfillmentTeam@wolterskluwer.com</u>



1209 Orange Street Wilmington, DE 19801, www.wolterskluwer.com

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| Name of Cor | poration USA INC. |
| DOCUMENT NUMBER: F17000002781 | |
| The enclosed Amendment and fee are submitted f | or filing. |
| Please return all correspondence concerning this r | natter to the following: |
| ANDREIA Name of Contact Person | |
| APOULD PHARMACENTICALS USA Firm/Company | Inc. |
| 4400 PGA BOVLEVARD \$10 | 2 |
| PALM BERCH GARDENS FL City/State and Zip Code | 33410 |
| Statelicensing and another E-mail address: (to be used for future armual ref | ha (Maine Comport notification) |
| For further information concerning this matter, p | ease call: |
| ANDEEA NAVAROUT at (| 561 469 - 9058 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$23.75 Filing Fee & Certificate of Status | \$43.75 Fiting Fee & Certificate of Status & Certificate Copy (Additional copy is enclosed) |
| Amendment Section Am Division of Corporations Div | ect Address: endment Section ision of Corporations fron Building |
| 1,01,1701,0307 | 1 Executive Center Circle |

Tallahassee, FL 32301

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 1 | ٠ | • | ٠ |
|-------|---------------|----|---|----|
| (1-3) | MUST BE COMPL | £Ί | Œ | D) |

| (1-3) | FIGST BE COMPLETED) |
|---|--|
| F1 | 7000002781 |
| (Document n | number of corporation (if known) |
| G A | |
| APOLLO PHARMACEUTICA | als, INC. |
| (Name of corporation as it ap | opears on the records of the Department of State) |
| 1)- | 7 |
| DELAWARE | 3. JUNE 30 2017- (Date authorized to do business in Florida) |
| (incorporates under laws of) | (Date authorized to do business in Fighta) |
| | |
| | SECTION II |
| · (4-7 COMPLETE'O | ONLY THE APPLICABLE CHANGES) |
| · | , |
| . If the amendment changes the name of the corpo | oration, when was the change effected under the laws of |
| its jurisdiction of incorporation? Jo∾€ | |
| its jurisdiction of incorporations. | |
| . APOLLO PHARMACEUTICA | K USA TNC |
| (Name of corporation after the amendment, add | ing suffix "corporation," "company," or "incorporated," or |
| appropriate abbreviation, if not contained in ne | :w name of the corporation) |
| • | |
| (If new name is unavailable in Florida, enter alte | mate corporate name adopted for the purpose of transacting. |
| business in Florida) | |
| | |
| . If the amendment changes the period of duration | a, indicate new period of duration. |
| | |
| | <u></u> |
| | 19: ≠ CD |
| . If the amendment changes the jurisdiction of inc | corporation, indicate new jurisdiction. |
| | Service Control of the Control of th |
| | (New jurisdiction) |
| . 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 | e-Department of State; by the Secretary of State or other official |
| naving custody of compilate records in the jurisc | notion under the laws of which it is incorporated. |
| S. KO. | |
| (Signature of a director | r, president or other officer - if in the hands |
| ~ ~ | 5 |
| | (LES 10E NT & CCO |
| . If the amendment changes the jurisdiction of inc. Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the jurisd (Signature of a director) | (New jurisdiction) import, evidencing the amendment, authenticated not more than experiment of State; by the Secretary of State or other official diction under the laws of which it is incorporated. r, president or other officer - if in the hands court appointed fiduciary, by that fiduciary) |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'APOLLO
PHARMACEUTICALS, INC.", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO 'APOLLO PHARMACEUTICALS USA INC." ON THE
TWENTY-THIRD DAY OF JUNE, A.D. 2017, AT 3:46 O'CLOCK P.M.



Authentication: 203135154 Date: 08-29-17

6301842 8320 SR# 20175927799

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