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(((H20000104961 3)))



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To:

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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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#### COR AMND/RESTATE/CORRECT OR O/D RESIGN CUTISPHARMA, INC.

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#### COVER LETTER

	ent Section Division of Corporati isPharma, Inc.	ons			
SUBJECT:	Nam	e of Corporation			
DOCUMENT NI	MBER: F18000001167				
The enclosed Ame	indment and fee are submitted for	filing.			
Please return all co	prespondence concerning this ma	uter to the followi	កម្ម:		
	Name of Contact Person				
CutisPhar	ma, Inc.				
***************************************	Firm/Company	······································	****		
841 Wobi	rn St				
***************************************	Address		••••		
Wilmingto	n, MA 01887				
	City/State and Zip Code				
E-mail addre	ss: (to be used for future annual r	eport notification	)		
For further informa	ation concerning this matter, plea	se call:			
Ciro Whod	oley	<sub>n/</sub> 781	935-8	141 ext 136	
Name of Contact Person		at (781 )935-8141 ext 136  Area Code & Daytime Telephone Number			
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Mailing Address:

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

Amendment Section
Division of Corporations
The Centre of Tailahassee
2415 N. Monroe Street, Suite 810
Tailahassee, F1, 32303

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# 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 (1-3 MUST BE COMPLETED)

	F18000001167		
	(Document numbe	r of corporation (if known)	
CutisPharma, Inc.			
	(Name of corporation as it appears	on the records of the Department of Stat	(c)
2. Delaware		3.03/09/2018	
I)	ncorporated under laws of)	(Date authorized to do bi	usiness in Florida)
		CTION II THE APPLICABLE CHANGES)	
	nges the name of the corporation, when way Pharmaceuticals, Inc.	us the change effected under the laws of it	ts jurisdiction of
5. (Name of corporation not contained in new)	after the amoudment, adding suffix "corporation)	oration," "company," or "incorporated," (	or appropriate abbreviation, if
(If new name is unavai	ilable in Florida, enter alternate corporate	name adopted for the purpose of transact	ing business in Florida)
6. If the amendment	changes the period of duration, indicate r	new period of duration.	
	(Ne	w duration)	_
7. if the amendment	changes the jurisdiction of incorporation,	•	2028 APR -8 SECRETARY ALLAHASSE
	(New	/jurisdiction)	PR - I
8. If the amendment cha	inges the jurisdiction of organization, indi-	cate new jurisdiction:	7
9. If the amendment cha-	nges person, title or capacity in accordance	with 607.1504 (4), indicate that change:	9: 57

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Title/ Capacity	Name	Address	Type of Action
Presiden	Amit Patel	841 Woburn Street	
		Wilmington, MA 01887	□Remove
Treasure	Ronald L. Scarboro	841 Woburn Street	
		Wilmington, MA 01887	
Secretary	Hanok George	841 Woburn Street	
		Wilmington, MA 01887	□Remove ≥
Director	Jeff Edwards	841 Woburn Street	MANUS CHARLES
		Wilmington, MA 01887	DRemove A
Director	Vern Davenport	841 Woburn Street	9: 57 CORIB/dd
		Wilmington, MA 01887	<b></b> □Remove
<ol> <li>Attached is a of the applicat under the law;</li> </ol>	certificate or document of similar import, each to the Department of State, by the Secrets of which it is incorporated.	widencing the amendment, authenticated are of State or other official having case	ed not more than 90 days prior to delivery tody of corporate records in the jurisdiction
	Harok George		
	(Signature of a direc	tor, president or other officer - if in the court appointed fiduciary, by that fiduci	hands of
Hanok Geo	rge	Secretary	
	(Typed or printed name of person signing)		f person signing)

FILING FEE \$35.00

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CUTISPHARMA, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AZURITY PHARMACEUTICALS, INC." ON THE THIRD DAY OF FEBRUARY, A.D. 2020, AT 11:52 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202730238

Date: 04-07-20

2977052 8320 SR# 20202661143