## Division of Corporations Electronic Filing Cover Sheet

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(((H220003531743)))



H220003531743ABC

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email	Address:			

## REGISTERED AGENT CHANGE EAGLE PHARMACEUTICALS, INC.

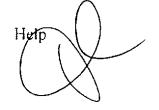
Certificate of Status	0
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GENERAL

Electronic Filing Menu

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Corporate Filing Menu



To: -

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \, \cdot \ \,$

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of	rganized under the laws of the State of Delaware				
	egistered agent, or both, in the State of Florida.				
1. The name of the corporation: EAGLE PHARMAC	ECHCALS, INC.				
2. The principal office address: 50 Tice Blvd., Suite 315					
Woodeliff Lake, NJ 076	777				
3. The mailing address (if different):					
4. Date of incorporation/qualification: 08/03/2018	Document number: F18000003558				
5. The name and street address of the current register Florida Department of State: (If resigned, enterres	*				
CORPORATION SERVICE COMPA	ANY				
1201 HAYS STREET	1201 HAYS STREET				
TALLAHASSEE, FL 32301					
6. The name and street address of the new registered (ifchanged):	agent (if changed) and /or registered office				
C T Corporation System	——————————————————————————————————————				
1200 South Pine Island Road	- <b>-</b>				
P.	O Box NOT acceptable				
Plantation, Florida 33324					
The street address of its registered office and the st as changed will be identical.	reet address of the business office of its registered agent.				
Such change was authorized by resolution duly adeauthorized by the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.				
Onnia Roll	DENISE BELL, ATTORNEY-IN-FACT				
Signature of an officer or director	Printed or typed name and title				
I hereby accept the appointment as registered agent further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this chart C T Corporation System	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the				
/s/ Jeanne Nelson	10/11/2022				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Jeanne Nelson, Asst. Secy.					
Typed or Printed Name					
* * * FILING	7 FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: