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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

# SUBJECT:\_ACER THERAPEUTICS INC.

Name of Corporation

#### F18000004618 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

# LEANN AUSTIN

Name of Contact Person

REGISTERED AGENTS LEGAL SERVICES, LLC

Firm/Company

### 1013 CENTRE RD. SUITE 403S

Address

#### WILMINGTON, DE 19805

City/State and Zip Code

ap@acertx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEANN AUSTIN

at (800)400-6650 Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, et al. 1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	invelope ID: 37C60 STATE	0С37-7955-4DC9-AE90-41150F6 СМЕЛТ ОГ СНАЛСЕ О. ВС	DDE7B F REGISTERED DTH FOR CORP	OFFICE OR REGISTERE	D AGENT OR	
2. The principal office address: ONE GATEWAY CENTER, SUITE 351 300 WASHINGTON STREETNEWTON, MA 02458 3. The mailing address (if different): 4. Date of incorporation/qualification: 10/04/2018	statement of e	change is submitted for a co	orporation organiz	ed under the laws of the State o	of	-
2. The principal office address: ONE GATEWAY CENTER, SUITE 351 300 WASHINGTON STREETNEWTON, MA 02458 3. The mailing address (if different): 4. Date of incorporation/qualification: 10/04/2018	1 The name	of the corporation ACER		TICS INC.		
300 WASHINGTON STREETNEWTON, MA 02458         3. The mailing address (if different):         4. Date of incorporation/qualification:       10/04/2018					······································	
4. Date of incorporation/qualification:       10/04/2018       Document number:       F18000004618         5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)       C T CORPORATION SYSTEM         1200 SOUTH PINE ISLAND ROAD       PLANTATION, FL 33324         6. The name and street address of the new registered agent (if changed) and /or registered office of file office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of its registered agent as changed will be identical.         Yea       PO. Max NOT acceptable         TALLAHASSEE, FL 32301       Point of the curporation has been notified in writing of the change.         Jow Max       DON JOSEPH, CHIEF LEGAL OFFICER         Nembure of all the registered differed agent and agree to act in this capacity.       Printed ortyped name and inter         Thereby accept the appointment as registered agent and agree to act in this capacity.       Printed ortyped name						
<ul> <li>5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> <li><u>C T CORPORATION SYSTEM</u> <ul> <li><u>1200 SOUTH PINE ISLAND ROAD</u></li> <li><u>PLANTATION, FL 33324</u></li> </ul> </li> <li>6. The name and street address of the new registered agent (if changed) and /or registered office office (if changed):         <ul> <li><u>REGISTERED AGENTS LEGAL SERVICES, LLC</u></li> <li><u>155 OFFICE PLAZA DRIVE, SUITE A</u></li> <li><u>P.O. Box NOT acceptable</u></li> <li><u>TALLAHASSEE, FL 32301</u></li> </ul> </li> <li>The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.</li> <li>Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.</li> <li><u>Dow Josefu</u></li> <li><u>Dow Josefu</u></li> <li><u>Dow Josefu</u></li> <li><u>Dow Josefu</u></li> <li><u>Dow Josefu</u></li> <li><u>Providenter of director</u></li> </ul> <li><u>Providenceroptications of all statutes relative to the proper and complete performance of my duites, and I an Jamiliar with and accept the obligation of my position as registered agent the obligation of my position as registered agent the obligation of my position as registered agent the obligation of my motion of the capacity. I further agree to complete in the registered of the end of the end of the end of the registered of the end end end the there by confirm that the corp</u></li>	3. The mailin	g address (if different):				
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hereby confirm that the corporation has been notified in writing of this change. $\frac{1}{5}$						
Signature of Registered Agent 5/20/19	I hereby acce I further agre performance agent. Or, if hereby confir	pt the appointment as regive to comply with the provi of my dutics, and I am fam this document is being file m that the corporation has	stered agent and a sions of all statute ullar with and acco d merely to reflect s been notified in w	gree to act in this capacity. s relative to the proper and co ept the obligation of my positi a change in the registered off riting of this change.	omplete 'on as registered fice address, I	
$\mathbf{V}$	yele	Signature of Registered Agent		5/20/19		
If signing on behalf of an entity:	If signing on 1	behalf of an entity:				
LeAn Austin Typed or Printed Name	LeAnn	Y AUSTIN				
* * * F1LING FEE: \$35.00 * * *		* *	* * FILING FEE:	\$35.00 * * *		

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