

F18000004618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 04 2019

C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ACER THERAPEUTICS INC.**

Name of Corporation

DOCUMENT NUMBER: **F18000004618**

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

Name of Contact Person

at (**800**) **400-6650**

Area Code & Daytime Telephone Number

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACER THERAPEUTICS INC.
2. The principal office address: ONE GATEWAY CENTER, SUITE 351
300 WASHINGTON STREET NEWTON, MA 02458
3. The mailing address (if different): _____
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 (if changed):

REGISTERED AGENTS LEGAL SERVICES, LLC

155 OFFICE PLAZA DRIVE, SUITE A

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Don Joseph

Signature of an officer or director

DON JOSEPH, CHIEF LEGAL OFFICER

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

LeAnn Austin
Signature of Registered Agent

5/20/19
Date

If signing on behalf of an entity:

LeAnn Austin
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314