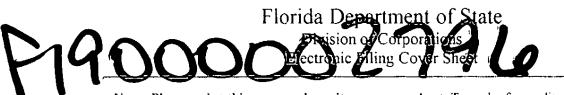
• Page: 2 of 3

2020-12-23 15:05:35 CST

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From: Ranae McGraw

Division of Corporations



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	Division of Corporations Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (954)208-0845
	he email address for this business entity to be used for futureal report mailings. Enter only one email address please.**
Emai	l Address:

REGISTERED AGENT CHANGE KALA PHARMACEUTICALS, INC.

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

	r to change its registered office or registered aget	n, or both, in the State of Florida.		
1. The name of t	he corporation: Kala Pharmaceuticals, Inc.		 	
2. The principal	office address: 490 Arsenal Way, Suite 120, Waterto	own, MA 02472		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/17/2019 Do	cument number: F19000002796		
	street address of the current registered agent and timent of State: (If resigned, enter resigned)	registered office on file with the		
	InCorp Services, Inc.			
	17888 67th Court North		202	
	Loxahatchee, FL 33470		2020 DEC	= ; ;
6. The name and (ifchanged):	d street address of the new registered agent (if cha	nged) and /or registered office	23	
, ,	C T Corporation System		Aii io:	,
	1200 South Pine Island Road		8 7	
	P.O. Box NOT acce	ptable		
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the street address be identical.	of the business office of its registe	red agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its be ne board, or the corporation has been notified in	oard of directors or by an officer s writing of the change.	o	
DocuSig:	Eric T	rachtenberg, Secretary		
GigHati GE36109	Part of the difference of the state of the s	Printed or typed name and title		
of my duties, an document is hei corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation and filed merely to reflect a change in the registers been notified in writing of this change.	to act in this capacity. tive to the proper and complete pe if my position as registered agent, red office address, I hereby confir	rformance Or, if this m that the	
C T Corporation	System Optib	12/23/20		
Sig	nature of Registered Agent	Date		
If ainning on ho	half of an entity:			
it signing on oc				
	nkel, VP			

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

By: