

F190000003682

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : UNITED AGENT GROUP INC.  
Account Number : I20160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

2020 SEP 10 PM 4:31

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DIVISION OF CORPORATIONS  
20 SEP 10 PM 4:36

**REGISTERED AGENT CHANGE  
FOAMIX PHARMACEUTICALS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

1. The name of the corporation is: Foamix Pharmaceuticals Inc.
2. The principal office address: 520 US Hwy 22, Ste 204  
Bridgewater NJ 08807
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/9/2019 Document Number: F19000003682
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Corporation Service Company  
1201 Hays St  
Tallahassee FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
United Agent Group Inc.  
801 US Highway 1  
(P.O. Box Not acceptable)  
North Palm Beach FL 33408

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 or authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
(Signature of an officer or director)

Saray Djidji, Attorney-in-Fact  
\_\_\_\_\_  
(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.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

09/10/2020

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Saray Djidji, Special Secretary  
\_\_\_\_\_  
(Typed or Printed Name)

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

Corporate Creations International  
801 US Highway 1  
North Palm Beach FL 33408  
(561) 694-8107

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