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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.

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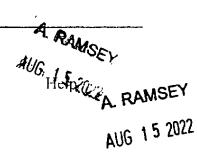
REGISTERED AGENT CHANGE AVEO PHARMACEUTICALS, INC.

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To:

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statut tion organized under the laws of the State of _Delay wor registered agent, or both, in the State of Florida	ware
1. The name of t	the corporation: AVEO PHARM	MACEUTICALS, INC.	
7. The principal	office address: 30 Winter Street	. 3rd Floor	
z. me pimeipii	Boston, MA 02		_
3. The mailing a	ddress (if different):		
4. Dateofincorp	oration/qualification: 10/19/20	Document number: F20000001585	
	I street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file with the terresigned)	
	UNITED AGENT GROUP INC		
	801 US HIGHWAY I		
	NORTH PALM BEACH, FL 3.	3408	
6. The name and street address of the new registere (ifchanged):		stered agent (if changed) and /or registered office	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	I
	Tiantation, Florida 33324		
as changed will	be identical.	ly adopted by its board of directors or by an office is been notified in writing of the change.	_
- XXX 1000	ic of an officer or director	JOE DAVIS, VICE PRESIDENT Printed or typed name and title	
I hereby accept I further agree of my duties, an document is hei	the appointment as registered to comply with the provisions ad I am familiar with and acce ng filed merely to reflect a chi s been notified in writing of th	l agent and agree to act in this capacity. of all statutes relative to the proper and complete pt the obligation of my position as registered agen ange in the registered office address, I hereby con	performan nt. Or, if th firm that t
Mickle	Holden	6/28/2022	
	nature of Registered Agent half of an entity:	Date	
it signing on oc			
Michele Holden			

* * * FILING 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)