

F220000004340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

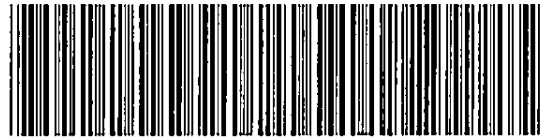
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200407605462

N/c Amend

SECRETARY OF STATE
200 ALABAMA AVE, SUITE 100
MONTGOMERY, AL 36103

2023 MAY 10 AM 11:01

FILED

SECRETARY OF STATE
200 ALABAMA AVE, SUITE 100
MONTGOMERY, AL 36103


2023 MAY 10 PM 12:22

RECEIVED

A. RAMSEY
MAY 11 2023

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 714328 7515237
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : May 2, 2023
ORDER TIME : 9:33 AM
ORDER NO. : 714328-010
CUSTOMER NO: 7515237

FOREIGN FILINGS

NAME: ARS SUBSIDIARY, INC.

XX___ CORPORATE
___ LIMITED PARTNERSHIP
___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ARS Subsidiary, Inc.

Name of Corporation

DOCUMENT NUMBER: F22000004340

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Wills

Name of Contact Person

ARS Pharmaceuticals Operations, Inc.

Firm/Company

11682 El Camino Real Ste 120

Address

San Diego, CA 92130

City/State and Zip Code

kristinw@ars-pharma.com

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

For further information concerning this matter, please call:

Kristin Wills

Name of Contact Person

at (949) 292-2335

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APPLICATION FOR
FILED

2023 MAY 10 AM 11: 01

SECRETARY OF STATE,
WASHINGTON, D. C.

(Document number of corporation (if known))

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

(Date authorized to do business in Florida)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/07/2023

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity

Name

Address

Type of Action

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kathleen Scott

CFO

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARS SUBSIDIARY, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ARS PHARMACEUTICALS OPERATIONS, INC." ON THE SEVENTH DAY OF MARCH, A.D. 2023, AT 6:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

5799877 8320
SR# 20231784483

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203267461
Date: 05-03-23