

L1000000 41003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

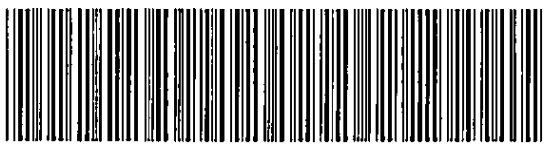
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Y SULKER
JAN 15 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-552-1500

ACCOUNT NO. : I20000000195

REFERENCE : 140566 5148A

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 14, 2020

ORDER TIME : 3:16 PM

ORDER NO. : 140566-005

CUSTOMER NO: 5148A

CHANGE OF AGENT

NAME: EDGE PHARMACEUTICALS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGE PHARMACEUTICALS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger Nadeau

Name of Person

EDGE PHARMACEUTICALS, LLC

Firm/Company

856 Hercules Drive

Address

Colchester, VT 05446

City/State and Zip Code

madeau@edgepharma.com

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

For further information concerning this matter, please call:

Courtney L. Scanlon - c/o Hodgson Russ LLP 716 848-1538

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: EDGE PHARMACEUTICALS, LLC

2. (a) 856 Hercules Drive, Colchester, VT 05446

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(b) 856 Hercules Drive, Colchester, VT 05446

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

04/14/2010

3. Date of filing/registration in Florida

L10000041003

4. Document number

5. (a) ALOI, RICHARD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7264 NW 63RD TERRACE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PARKLAND, FL 33067

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

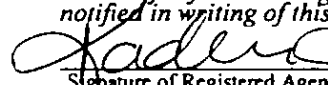
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

William Chatoff - authorized representative

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent Corporation Service Company BY:

Kadesha Roberson
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2020 JAN 14 AM 10:09
TALLAHASSEE, FL
STATE OF FLORIDA