

L11006098331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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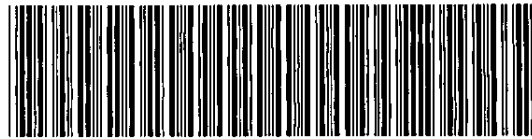
(Business Entity Name)

(Document Number)

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2014 MAY -9 PM 1:56
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FILED
14 MAY -9 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 12 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 126470 7962547

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 9, 2014

ORDER TIME : 11:31 AM

ORDER NO. : 126470-005

CUSTOMER NO: 7962547

DOMESTIC AMENDMENT FILING

NAME: BIOVANCE THERAPEUTICS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

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14 MAY -9 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Biovance Therapeutics LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 26, 2011 and assigned Florida document number L11000098331.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2500 Main Street Extension

Suite 6

Sayreville, NJ 08872

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 Main Street Extension

Suite 6

Sayreville, NJ 08872

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

City

Florida 32304

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Stephanie Milnes, Asst. V.P.
If Changing Registered Agent, Signature of New Registered Agent

If attending the Manag. Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Hudy	2831 N. Ocean Blvd.	<input type="checkbox"/> Add
		#903 N.	<input checked="" type="checkbox"/> Remove
		Ft. Lauderdale, FL 33308	
MGR	David Purdy	2500 Main Street Extension	<input checked="" type="checkbox"/> Add
		Suite 6	<input type="checkbox"/> Remove
		Sayreville, NJ 08872	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Sole member of Biovance Therapeutics LLC is Trigen Laboratories, LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 9, 2014



Signature of a member or authorized representative of a member

Steven Squashic, CEO Trigen Laboratories, LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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