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TO:	Registration Section
	División of Corporations

ROEHR PHARMACEUTICALS

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:

STEPHAN W. SCHENK, ESQ

Name of Person

MANOS - SCHENK P.L.
Firm/Company

1001 Brickell Bay Drive, Suite 1200

Miami, FL 33/3/ City/State and Zip Code

sws @ msworldlaw.com

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

For further information concerning this matter, please call:

Stephen Schenk at 305 341 - 3 100

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

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. Na	me of the limited liability compar	ny: Roehr 1	Pharm	acenticals	LC
2. (a)			(b) _		
2. (u)	Principal office address of limite (<i>Note: MUST BE STREE</i>		(0)_	_	dress of limited liability company: 1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
	1001 Brickell Bay	, drive, sait	1200	Same as	principal office
	Miami FL 331.				
	02/21/20	13		L 1300	0027796
3.	Date of filing/registratio		4.	Docume	nt number
5. (a)	Roehr Pharm	acenticuls			
• •	Registered Agent and Registered Office	shown on the records of the	he Florida De	pt. of State:	
	-1001				
		E FLORIDA STREET A		_	
	1001 Brickell Ba	my Unive, Si	zite (200	
	Miami	· . FL	33	13/	
(b)	MANOS · SCHEA	K P.L.			
` '	Enter name of NEW Registered Agent	and/or NEW Registered	Office addre	<u>ss</u> :	== 1
					E
	NEW Registered Office Address:				第二二二
	1001 Brickell B	ay Drive,	Site	1200	TILED
	Miami	, FL_	331.	3 /	E THE BEAT OF THE
the cha	mited liability company is not org	rida street address of	the register	ed office and the	business office of the registered
was/we	vill be identical. Or, in the case of the authorized by an affirmative verse.	ote of the members of	f the limite	d liability compai	
ha arti	cles of organization or the operati	ing agreement of the	limited liab		Calleda
ine ai ti	11. 1 Charles			~~~~~~	
	ure of a member or authorized representa	tive of a member		STEAH AN	r typed name of signee

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