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Account#: I20000000088

Date:	02/24/2021	
Name:_	Chris Vick	
Referen	ce #: <b>1330897</b>	-
Entity N	ame: KADMON PHAR	MACEUTICALS, LLC
	articles of Incorporation/Authorization	o Transact Business
	mendment Change of Agent	
☐ F	Reinstatement	
	Conversion	
□ v	1erger	
	Dissolution/Withdrawal	
F	ictitious Name	
	Other	
Authoriz Signatu	re: \$25.00	<del></del>

## 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.

I. Na	ame of the limited liability company: KADMON P	HARMA	CEUTIC	ALS, LLC
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<del>-</del>	No Cha	nge
	May 7, 2004	_		M04000001754
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT Corporation System			
. (0)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:
	1200 South Pine Island Road	_		_
	Registered Office Address (MUST BE FLORIDA STREET.	IDDRESS.	!	
	Plantation	33324		
(b)	COGENCY GLOBAL INC.			1900
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			TATAL STATE STATE STATE
	Tallahassee FL	32301		平
he cha igent v vas/we he arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the regis ability con f the limi limited li Har	tered offic mpany, it i ted liabilit ability cor lan W. W	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  aksal, M.D.  Printed or typed name of signee
rovisi he obl o mero otified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in my its change.  Mayville	ee to act performa I för in C iereby co	in this cap nce of my hapter 60: nfirm that	acity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filea the limited liability company has been

Signature of Registered Agent

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