M060000007213

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Addless) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| <u> </u> |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



500188430655

12/13/10--01030--012 **25.00

2010 DEC 13 PM 22: 59

C. LEWIS

DEC 1 4 2010

EXAMINER

PretiFlaherty

STEPHANIE J SHURTLEFF sshurtleff@preti.com Direct Dial: 603-410-1519

December 10, 2010

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

RE: Doyen Medipharm, LLC (EIN 208106303) - Certificate of Amendment

Dear Sir or Madam:

Enclosed please find the following for Doyen Medipharm, LLC (the "Company")

- 1. Certificate of Amendment changing the companies name to 25 DP, LLC
- 2. Check for \$25.00 to cover the amendment fee

Do not hesitate to contact me should you have any questions.

Sincerely,

Stephanie Shurtleff, Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: | r: Doyen Medipharm, LLC | | | | | | |
|--|---|---------|---|--------------|-------|---|--|
| | Name of Foreig | gn Lin | nited Lia | bility (| Comp | any | |
| Dear Sir or Madam | n: | | | | | | |
| The enclosed appli | cation, certificate and fee(s) | are su | ıbmitted | for fili | ng. | | |
| Please return all co | rrespondence concerning th | is mat | ter to the | follov | ving: | | |
| | John M Sullivan | | | _ | | | |
| | Name of Person | | | | | | |
| | Preti Flaherty | | | _ | | | |
| | Firm/Company | | - | _ | | | |
| | PO Box 1318 | | | | | | |
| | Address | | | - | | | |
| | Concord NH 03303 | | | | | | |
| | City/State and Zip Cod | е | | | | | |
| | jsullivan@preti.com | | | | | | |
| E-mail address: (| to be used for future annua | l repor | t notifica | ation) | | | |
| For further informa | ation concerning this matter, | please | e call: | | | | |
| | n M Sullivan | _ at (| | _) | | 410-1500 | |
| Nar | ne of Person | A | rea Codo | e & Da | ytime | 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 | k for the following amoun ☐ \$30 Filing Fee & Certificate of Status | | \$55 Filin Certified | | & | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

| Name of limited liability company as it appears on the records of the Florida Department of State: <u>Doyen Medipharm</u>, <u>LLC</u> |
|---|
| 2. Jurisdiction of its organization: Delaware MOLeODOO 7213 |
| 3. Date authorized to do business in Florida: 12/29/2006 SECTION II (4-7 complete only the applicable changes) |
| SECTION II (4-7 complete only the applicable changes) |
| 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? |
| 5. New name of the limited liability company: 25 DP, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.") |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting he alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.") 5. If the amendment changes the period of duration, indicate new period of duration: |
| n/a |
| 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: |
| 3. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a |
| 2. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. |
| P. Dlood Eagling. |
| Signature of a member or the authorized representative of a member |

Filing Fee: \$25.00

JPDM, LLC, by P. Richard Eagling CEO
Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "25 DP, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE NINTH DAY OF DECEMBER, A.D. 2010.

4275485 8300

101162470

AUTHENTY CATION: 8414471

DATE: 12-09-10

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