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2023 NOV 28 PM 3: 01 FILED CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 151057 7515135					
AUTHORIZATION: Lipse Scheman					
COST LIMIT : \$ 25.00					
ORDER DATE: November 28, 2023					
ORDER TIME : 2:50 PM					
ORDER NO. : 151057-031					
CUSTOMER NO: 7515135					
CHANGE OF AGENT					
NAME: SOLSTICE NEUROSCIENCES, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXAMINER'S INITIALS:					

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.

•	9715 Key West Avenue	971	5 Key West Avenue
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Rockville, MD 20850	Roc	kville, MD 20850
	08/09/2011	M110	000004105
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	·		
- (,	Registered Agent and Registered Office shown on the records of		of State:
	CT CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	33324	
	, FL	<u>, </u>	
(b)			AF T
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	PIL AHASSI
	Corporation Service Company		FILED 1023 NOV 28 PM 3: 01 SALVALIMAN OF STATE ALLAHASSEE, FLORIDA
	NEW Registered Office Address:	<u> </u>	— STATE
	1201 Hays Street)
	Tallahassee . FL	32301	
change agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered offi ability company of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/S/ Jack Khattar	Jack Khat	ttar, Manager
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the obs to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I l d in writing of his change,	ee to act in this performance of a for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

Grace E. Kirby, Asst. Vice President
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

Signature of Registered Agent