

-M/2000005882-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

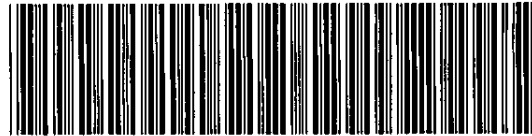
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 NOV 10 AM 4:42 PM  
TO ACKNOWLEDGE  
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TALLAHASSEE, FLORIDA

T. Burch NOV 12 2014

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**QUINNOVA PHARMACEUTICALS, LLC**

**M12000005882**

**Thank you!**

<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<b>LLC</b>	
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> <b>LLC</b>	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> <b>Certified Copy</b>	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>Amendment</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/10/2014

**ST**

Order#:  
**9340011**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**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)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Quinnova Pharmaceuticals, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/10/2012

**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? October 10, 2014
5. New name of the limited liability company: Exeltis USA Dermatology, 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 the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_  
\_\_\_\_\_
9. 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.

  
\_\_\_\_\_  
Signature of a member or the authorized representative of a member

Raul Kohan, Manager  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 10 PM 4:25

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "QUINNOVA PHARMACEUTICALS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EXELTIS USA DERMATOLOGY, LLC", THE FIRST DAY OF OCTOBER, A.D. 2014, AT 7:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXELTIS USA DERMATOLOGY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED  
14 NOV 10 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5095855 8320

141343059

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1816465

DATE: 10-28-14