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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: April 17, 2018

Order#: 164405-005

Re: VERTICAL PHARMACEUTICALS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Jiminez

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

1.	Na	me of the limited liability company: VERTICAL PHAR	RMACE	JTICALS, L	LC	
2. (a)	2500 MAIN ST EXT STE 6	(b)	400 CR	OSSING BLVD	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		SAYREVILLE, NJ 08872	-	BRIDGEV	VATER, NJ 08807	
		12/04/2014	_	M1400000	8655	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	NRAI SERVICES, INC				
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			::	
		1200 SOUTH PINE ISLAND ROAD			2018 APR	
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)			
		PLANTATION	33324		PH 4: 24 SEF. FLORID	
(b)	Corporation Service Company			24 RID	
(Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	5 *	
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	32301			
the (ager was	chai it w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liab.	of the S ne regist ility cor the limit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s	<u>/_C</u>	hristopher Klein	Chris		n, Authorized Person	
Signature of a member or authorized representative of a member Printed or typed name of					Printed or typed name of signee	
prov the i to m noti	isio obli ere fixd	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided fly reflect a change in the registered office address. I he provided the conference of this change.	erforma for in Ci reby coi	nce of my d hapter 605, ifirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been y, Asst. Vice President	

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