## 500000570

(Re	questor's Name)	
(Ad	ldress)	<u></u>
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- (Cit	ty/State/Zip/Phone	a #\
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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REPORT OF THE PORT OF THE PORT



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/12/2019	
Name:	Merritt Walker	_
	1045168	_ <u>_</u>
	THEA I	PHARMA LLC
	of Incorporation/Authorization	
Amend	ment	
✓ Change	e of Agent	
☐ Reinsta	atement	
Conver	rsion	
☐ Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized An	nount:\$25	<del></del>
Signature:		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:0	2/12/2019	
Name:	Merritt Walker	_
	1045168	_
	THEA	PHARMA LLC
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Change	e of Agent	
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☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	is Name	
Other_	<u> </u>	
Authorized Am	nount:\$25	
Signature:	unl	

## 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.

١.	Nai	me of the limited liability company:		HEA PHARMA LLC	_
	(a) .	DIVERGATE TOWER	(b) _	2 N LASALLE STREET STE 1700	
	(").	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		400 N ASHLEY ST STE 2150	<del></del>	CHICAGO, IL 60602	
		TAMPA, FL 33602			
		9/29/2017		M1500000570	
3.		Date of filing/registration in Florida	4.	Document number	
5	(a)	CORPORATION SERVICE COMP			
	(4)	Registered Agent and Registered Office shown on the records of	he Florida De	ept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2019 FALL	
		1201 HAYS STREET		AHAR FEB	٦
		TALLAHASSEE FI.	32301-	2525 55 5	Ī
(b)	(b)	COGENCY GLOBAL INC.		AM II: 2	דור ב
	<b>\</b> -)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	AM II: 28	~
		115 North Calhoun Street, Suite	4	<u> </u>	
		NEW Registered Office Address:			
				<del></del>	
		Tallahassee F1	323	01	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Signature of a memoer or authorized representative of a member

the