

Division of Corporations

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M19000005812

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) "((H1900028926Z 3f))" across the document.



H1900028926Z3ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCorp SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

2019 SEP 30 PM 1:54

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: managedreports@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHLIGHT PHARMA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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Corporate Filing Menu

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H190002892623

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phlight Pharma, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin Regan

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Regan for InCorp Services, Inc. at (702) 866-2500

Name of Person

Area Code & Daytime 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 for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Phlight Pharma, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000005812

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 06/13/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Skyilar Laboratories, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.

H19
Signature of the authorized representative

Hugh Ferry

Typed or printed name of signee

Filing Fee: \$25.00

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DELBERT HOSEMAN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Skylar Laboratories, LLC

Business ID: 1084648

The attached 2 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This, the 24th day of September, 2019.

Given under my hand and seal of office
the 24th day of September, 2019

A handwritten signature in black ink, appearing to be "JL Lee", written over a horizontal line.

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN19071802

Verify this certificate online at <http://corp.sos.ms.gov/corpcom/verifycertificate.aspx>

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F0012

2019247736

Fee: \$ 50



DELBERT HOSEMANN
Secretary of State

Business ID: 1084648
Filed: 08/20/2019 03:26 PM
C. Delbert Hosemann, Jr.
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

Articles/Certificate of Amendment

Business Details

Business ID: 1084648

Business Name: Phlight Pharma, LLC

Current Business Name

Business Name: Phlight Pharma, LLC

Amended Business Name

Business Name: Skylar Laboratories, LLC

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **08/20/2019**.

Name:

The Law Office of Austin Bonderer, LLC
Attorney In Fact

Address:

250 W Santa Fe Ave, Ste 550
Fullerton, CA 92832

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THE LAW OFFICE OF
AUSTIN BONDERER, PC
PATENT ATTORNEY

250 W. SANTA FE AVE., SUITE 550, FULLERTON CA 92832

TEL 714.494.7643 | EMAIL AUSTIN@BONDERERPATENTS.COM

8/20/2019

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Austin Bonderer
The Law Office of Austin Bonderer, PC
250 W. Santa Fe Ave.
Suite 550
Fullerton, CA 92832

Mississippi Secretary of State
401 Mississippi Street
Jackson, MS 39201

Re: Phlight Pharma, LLC (Business ID 1084648)

To Whom It May Concern,

On the date of August 20, the members of Phlight Pharma, LLC, have voted to amend the name thereof to Skylar Laboratories, LLC.

If you have any questions, please do not hesitate to call.

Austin Bonderer
Patent Attorney
The Law Office of Austin Bonderer, PC
250 W. Santa Fe Ave.
Suite 550
Fullerton, CA 92832

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