

7/13/22 7:46 AM

Division of Corporations

Florida Department of State

M20000007346  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

2022 JUL 13 AM 10:57

LLC REGISTERED AGENT CHANGE  
ASTOR PHARMACEUTICALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JUL 13 PM 3:42

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JUL 13 2022

K. Brumley

((H22000238099 3))

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. Name of the limited liability company: ASTOR PHARMACEUTICALS LLC

2. (a) 665 UNION AVE. SUITE 3 (b) 665 UNION AVE. SUITE 3

Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

HOLTSVILLE, NY 11742

HOLTSVILLE, NY 11742

08/07/2020

M20000007366

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State 17888 67TH COURT NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LOXAHATCHEE, FL 33470

(b) LEGALINC CORPORATE SERVICES INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address

5237 SUMMERLIN COMMONS BLVD, SUITE 400

NEW Registered Office Address

FORT MYERS, FL 33907

2022 JUL 13 PM 3:42 APPROVED AND FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Handwritten Signature]

Haralampos Rallakis

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

[Handwritten Signature]

Signature of Registered Agent