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SECULIANCE OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Annovus Therapeutics, LLC	
30241		Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	Name of Limited Liability Company tered Office Change and fee(s) are submitted for filing. erning this matter to the following: ons on p Code utture annual report notification) is matter, please call: 407
Steve I	Dickey, EVP Commercial Operations	
	Name of Person	
Annove	is Therapeutics, LLC	
	Firm/Company	
865 Ov	iedo Blvd, Suite 1019	
	Address	
Oviedo	, FL 32765	
	City/State and Zip Code	
account	ting@kalitecmed.com	
E	-mail address; (to be used for future annual re	eport notification)
For fur	ther information concerning this matter, pleas	se call:
Steve D		
	Name of Person	A C 1 0 D C T 1 1 N 1
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Enclosed is a check for the following amou	
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. Na	ame of the limited liability company:	apeutics,	s, LLC
2. (a)	865 Oviedo Blvd, Suite 1019		(b)
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Oviedo, FL 32765	<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Oviedo, FL 32765
3. 5. (a)	Date of filing/registration in Florida NRAI Services, Inc. Registered Agent and Registered Office shown on the records 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET		Florida Dept. of State:
		FL_3332	
(b)	Jeffrey P Greenberg, PA Enter name of NEW Registered Agent and/or NEW Registered 4202 W El Prado Blvd. NEW Registered Office Address:	ered Offic	fice address:
	Tampa	FL_3362	529
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of o will be identical. Or, in the case of a Florida limited	laws of the regis I liability	of the State of Florida, it is hereby confirmed that after the distered office and the business office of the registered ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
	DM.	-	J Scott Winn
I herel provisi the obli to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completing at the proper at the prope	agree to te perfo ded for I hereb	Printed or typed name of signee o act in this capacity. I further agree to comply with the formance of my duties, and I am agree to comply with the formance of my duties, and I and occupied in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been On the company has been are the company has
	Division of Corporations P.C FILING		6327 • Tallahassee, FL 32314
4 512 (7/		FEE: 3	: \$25.00