

P/4 792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

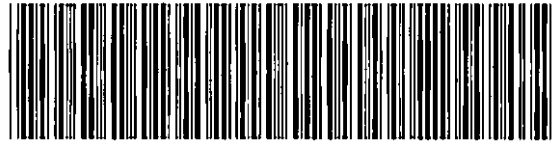
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STATE
OFFICE OF THE
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SUPREME COURT

A. RAMSEY
JUL 28 2023

RECEIVED
2023 JUL 27 AM 11:17
RECORDS & INFORMATION
OFFICE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 904724 7605276

AUTHORIZATION :

COST LIMIT :  \$35.00

ORDER DATE : July 26, 2023

ORDER TIME : 9:11 AM

ORDER NO. : 904724-005

CUSTOMER NO: 7605276

CHANGE OF AGENT

NAME: NOVEN PHARMACEUTICALS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NOVEN PHARMACEUTICALS, INC.
2. The principal office address: 11960 S.W. 144TH STREET MIAMI, FL 33186
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/10/1987 Document number: P14792
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUCKLEY, DEVIN

11960 SW 144TH ST. MIAMI, FL 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by its board, or the corporation has been notified in writing of the change.

Devin Buckley

Devin Buckley, Corp. Secretary

Signature of Devin Buckley

Printed or typed name and title

Signing Reason: I have reviewed this document
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. I hereby acknowledge and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Grace E. Kirby

7/26/2023

Signature of Registered Agent

Date

Grace E. Kirby, Asst. Vice President

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

STATE OF FLORIDA
DIVISION OF CORPORATIONS

2023 JUL 27 AM 9:39

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