012000000039

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2014

ATTN: CHELSEY MARTINE C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: FREEDOM PHARMACEUTICALS, INC.

Ref. Number: Q12000000039

We have received your document for FREEDOM PHARMACEUTICALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 914A00023178

2814 NOV 13 PM 2: 36



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2014

ATTN: CHELSEY MARTINE C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: FREEDOM PHARMACEUTICALS, INC.

Ref. Number: Q12000000039

We have received your document for FREEDOM PHARMACEUTICALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

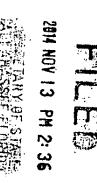
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00020550





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: October 3, 2014

Order#: 256311-010

Re: FREEDOM PHARMACEUTICALS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. FREEDOM PHARMACEUTICALS, INC.	
(Name of alien business organization)	
2. <u>06/28/2012</u> 3. <u>Q12000000039</u> 4. <u>272757179</u>	
(Florida registration date) (Florida document number) (FEI Number, if application date)	ole)
5. 5867 South Garnett Road, Tulsa, OK 74146	
(Principal office address)	
6. Name and address of registered agent and office currently on record with this office:	
NRAI Services, Inc.	
1200 South Pine Island Road	
Plantation, FL 33324	
7. New registered agent and/or office address:	
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
(Note: Registered office must be a Florida street address)	201
8. The street address of the registered office and the street address of the business office of the	E I AON 118
registered agent are identical. 9. Such change was authorized by the board of directors or an officer of the corporation so	¥ .
authorized by the board of directors.	
	3
10.	
(Signature of chairman, vice chairman, or officer)	2: 36
11. Dona Priebe, Vice President	•.
(Name and capacity of person signing in number 10 above)	
12. Signature of new registered agent, if applicable:	
I hereby accept the appointment as registered agent. I am familiar with and accept the	
obligations of section 607.0505, Florida Statutes.	
11/04/2014	
Sylvia Queppet, Assistant Vice President 11/04/2014 (Date)	
FILING FEE: \$35.00	

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314