

Q160000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

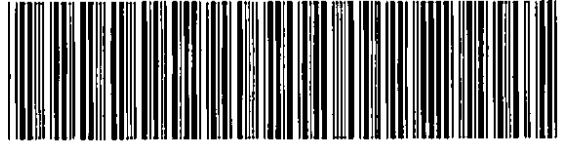
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700448579397

FILED

2025 JUN 10 AM 8:13

TALLAHASSEE, FLORIDA

RECEIVED

2025 JUN 10 PM 4:05

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 06/10/25
Order #: 2327053-8
Re: CASPER PHARMA LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: ~~\$25.00~~ FL State Account Number: I20000000195

35.00

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2025

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: CASPER PHARMA LLC
Ref. Number: Q16000000022

We have received your document for CASPER PHARMA LLC and your check(s) totaling \$. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 125A00012618

**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. CASPER PHARMA LLC
(Name of alien business organization)
2. 02/24/2016 3. Q16000000022 4. _____
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 2 Tower Center Boulevard, Suite 1101C, East Brunswick, NJ 08816
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

Incorp Services, Inc.
3458 Lakeshore Drive
Tallahassee, FL 32312

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)

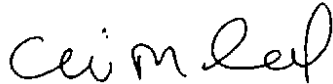
8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. /s/ Ryan Debski
(Signature of chairman, vice chairman, or officer)

11. Ryan Debski, General Counsel
(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.



(Registered agent accepting appointment)

06/13/2025

(Date)

Corporation Service Company, Ami M. Casper, Asst. Vice President
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**

2025 JUN 10 AM 8:13

FILED

TALLAHASSEE, FLORIDA