

V56826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

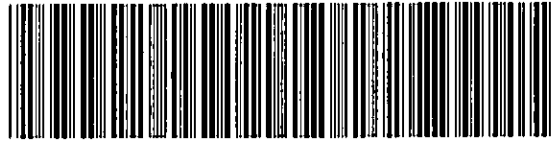
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2020 JUN -1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

OW  
6/8/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2020

SARAH MURPHY  
15 MASSIRIO DRIVE, SUITE 201  
BERLIN, CT 06037

SUBJECT: BRECKENRIDGE PHARMACEUTICAL, INC.  
Ref. Number: V56826

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

PLEASE INCLUDE THE ATTACHMENT(S) REFERRED TO IN YOUR DOCUMENT.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation").

The registered agent must sign accepting the designation.

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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 120A00005448



2020.05.26 PM 2:16

May 26, 2020

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Querida R. Moore

**Re: V56826 – Breckenridge Pharmaceutical, Inc.  
Change of Registered Agent**

Dear Ms. Moore,

I refer to the above and to Letter Number 120A00005448 (copy enclosed) and enclose revised cover letter and statement of change of registered agent for Breckenridge Pharmaceutical, Inc., signed on behalf of both the company and the new registered agent. We apologize for the delay in response and thank you for facilitating our resubmission and holding the original documents and filing fee.

Please apply the \$35.00 filing fee you hold to this revised application.

Do not hesitate to contact me if you have any further questions.

Very truly yours,

Sarah Murphy  
Associate Corporate Counsel

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Breckenridge Pharmaceutical, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** V56826

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Sarah Murphy

Name of Contact Person

Breckenridge Pharmaceutical, Inc.

Firm/Company

15 Massirio Drive, Suite 201

Address

Berlin, CT 06037

City/State and Zip Code

smurphy@bpirx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Murphy

Name of Contact Person

at (860) 828-8140  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Breckenridge Pharmaceutical, Inc.
2. The principal office address: 15 Massirio Drive, Suite 201, Berlin, CT 06037
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 8/6/1992 Document number: V56826
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)

William Justice

6111 Broken Sound Parkway, NW, Suite 170

Boca Raton, FL 33487

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

~~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 the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Brian Guy, President & Chief Commercial Officer

Printed or typed name and title

*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 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.*

  
Signature of Registered Agent

May 22, 2020

Date

If signing on behalf of an entity:

Vincent Rojo on behalf of InCorp Services, Inc.

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)

2020 JUN - 1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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