Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000157463)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (650)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE CRUCELL VACCINES INC.

0
0
02
\$35.00

https://efile.sunbiz.org/scripts/efilcovr.exe

2603889398

CT CORPORATION

## **COVER LETTER**

UBJECT:	Crucell Vaccines	íne.
D012C 1,	Name of Corp	oration
acontina manton att	TR COVETS.	
DCUMENT N	····	
	ament of Change of Registered Office/A	
ase return all c	orrespondence concerning this matter to	the following:
•		
	Name of Conta	ot Person
	Finn/Comp	pany
	•	
	Addres	
• •	•	
<u> </u>	City/Sinte and	ip Code
. •	JJackso4@ITS.JNJ.	com
· ,	E-mail address: (to be used for futu	re annual report notification)
	•	
further inform	ation concorning this matter, please call	ı
		**
Na	me of Contact Person	Area Code & Daytime Telephone N
r 32- Anc	ο ΛΛ -11111-4-4-4	
,cea B 21 D8805.	00 check made payable to the Departme	nt of State.
1	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
· ·	, Immando, 2 & 32014	Tallahassee, FL 32301
•		•
2E045 (8/05)		•

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

1. The name of	the corporation: Crucell Vaccines Inc.		
	l office address: 4216 Ponce De Leon Bivd., Coral Gables, FL 33146		
3. The mailing	address (if different):	<u> </u>	
4. Date of incor	poration/qualification: 10/16/2006 Document number: F0600000	16535	, •
	d street address of the current registered agent and registered office on file with the rument of State: (If resigned, enter resigned)		
,	Corporation Service Company		
	1201 Hays Street		
	Tallahassoe, FL 32301 US		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	×	12
, ,	C T Corporation System	\ See	Jan Cita
	c/o C T Corporation System, 1200 South Pine Island Road	100 m	- 150 - 150
	P.O. Box NOT acceptable Plantation, Florida 33324		E E
The street address changed will	ess of its registered office and the street address of the business office of its registere be identical.	d agent,	نن نن
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so no hoard, or the corporation has been notified in writing of the change.	77	
Vieline Sign	Michael J. Malkowski, Vice-President		
Thereby accept further agree to if my duties, an document is beli corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perfect I am familiar with and accept the obligation of my position as registered agent. One filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change.	ormance Or, if this that the	
	Comporation System 1/18/2012		
Se	minus of Resident Madni		
f signing on bal	half of an entity:		
•	Kristin Bolden		
	youd or Printed Name		

01/13/2015 10:63 8656336092

FL096 - 07/23/2009 C T System Online