

From: Justine Karnell 1/24/2017 Fax: (888) 727-3829 To: FLORIDA Change of Agent (850) 617-6380 Division of Corporations Page: 2 of 4 01/24/2017 9:38 PM

# F070000222973063

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I2010000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

*RA/Rokhs*

JAN 25 2017

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

J ALBRITTON

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**  
**JOHNSON & JOHNSON PREFERRED FINANCING, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
17 JAN 24 PM 4:10  
RECEIVED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Johnson & Johnson Preferred Financing, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F07000003063

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Margot Mullin

Name of Contact Person

at ( 888 ) 705-7274

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

- 1. The name of the corporation: Johnson & Johnson Preferred Financing, Inc.
- 2. The principal office address: 200 Wingo Way Suite 200  
Mt. Pleasant SC 29464
- 3. The mailing address (if different): PO Box 20370  
Charleston, SC 29413
- 4. Date of incorporation/qualification: 06/15/2007 Document number: F07000003063
- 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)

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324


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

Registered Agent Solutions, Inc.  
155 Office Plaza Dr., Suite A  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

2017 JAN 24 AM 8:13  
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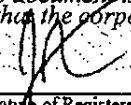
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Francis G. Johnson President  
 \_\_\_\_\_  
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

01/12/2017  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:  
Justine Karnell - Assistant Secretary  
 \_\_\_\_\_  
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