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

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	 <u> </u>	<del></del>

## REGISTERED AGENT CHANGE DEY, INC.

Please honor the priging liling date of \$\frac{8}{2} \frac{1}{2} \frac{7}{20.18}

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T. LEMELY



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

statement of chang	ovisions of sections 607.0502, 617.050 e is submitted for a corporation organ o change its registered office or registe	ized under the laws of the State	of DE
1. The name of the	corporation: Dey, Inc.		
	fice address:levard_Canonsburg, PA 15317		
<del>-</del>	ress (if different):oulevard_Canonsburg, PA 15317		
4. Date of incorpor	ation/qualification: 03/06/2013	Document number: F130	00001013
	reet address of the current registered a ent of State: (If resigned, enter resigne		c with the
C	ORPORATION SERVICE COMPANY		
12	201 HAYS ST		
Т.	ALLAHASSEE, FL 32301		
6. The name and st (if changed):	reet address of the new registered ager	nt (if changed) and /or registered	d office
<u>c</u>	T Corporation System		
12	200 South Pine Island Road	:	
	P.O. Box NOT	ассерильне	- <b>3</b>
<u>-</u>	antation, Florida 33324		> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The street address as changed will be	of its registered office and the street identical.	address of the business office of	of its registered agent,
Such change was a authorized by the l	authorized by resolution duly adopted poard, or the corporation has been no	by its board of directors or by tified in writing of the change.	an office so
Mataca	Pickon	Natalie Pickens, Secretary	
I hereby accept the I further agree to c performance of my agent. Or, if this i	t an officer of discion  appointment as registered agent and comply with the provisions of all state thirties, and I am familiar with and a locument is being filed merely to refle it the corporation has been notified in	ecept the obligation of my post ect a change in the registered o	complete
By: C.T. Corpor	atjon System	11/7/2018	
_	re of Registered Agent	Date	<del></del>
If signing on behal	•		
Michele Holden, As	St Sect  Lor Printed Name		
71	* * * FILING FE	E: \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)