MOLDOUD Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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LLC REGISTERED AGENT CHANGE ALLERGAN SALES, LLC

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A LUNT

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: ALLERGAN S	SALES, L	LC				
2. (a)	1 N. Waukegan Road,		(b) 1 N. Waukegan Road,				
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	λ	failing address of limited (Note: MAY BE POST)		
	North Chicago, Illinois 60064		No	orth Chic	ago, Illinois 60064		
	08/23/2002		M02	20000022	227		
3.	Date of filing/registration in Florida	4.		!	Document number		
5. (a)	C T CORPORATION SYSTEM						
J. (U)	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	of the Flor	ida Dep	t, of State	- :		L
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	(55)			102 1 AUG 25	IVISION D
	PLANTATION	FL 33324	ļ			25	ARY CC
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Register	red Office	address	ı:		AM 10: 1	TARY OF STATE OF CORPORATION
	801 US Highway 1					7	燕
	NEW Registered Office Address:				•		
	North Palm Beach	FL_33408	3				
change agent v was/we	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the corrections.	he regist liability s of the l	ered of compa imited	ffice and my, it is liability	I the business office of hereby confirmed that company or as other	of the register at the change	ed (s)
		C	arlos N	f Alvarea	z, Attorney in Fact		
	ture of a member or authorized representative of a member				Printed or typed name of	_	
provisi the obl to mero notifica	by accept the appointment as registered agent and a jons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change. M Alvarez, Special Secretary	re vertor	mance	' oj mv a	iuties, ana i am jamiii	ar wun ana	ассері
	re of Registered Agent						