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To:

Division of Corporations

Fax Number

: (850)617-6380

R. WHITE

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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## REGISTERED AGENT CHANGE ACTAVIS LABORATORIES FL, INC.

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Corporate Filing Menu

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, thi rganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Actavis Labora	tories FL, Inc.	
2. The principal Morris Co		rpace Parkway, Parsippany, NJ 0705	4
	ddress (if different): rpace Parkway, Attn: Kira :	Schwartz, Parsippany, NJ 07054	
4. Date of incom	poration/qualification: 11/21/200	Document number: P0200012461	7
	street address of the current register tment of State; (If resigned, enter re-	red agent and registered office on file with the signed)	
	C T Corporation System		
	1200 South Pine Island R	oad	TAI SI
	Plantation, FL 33324		17. 17. 17. 17.
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	ASSATE N
	Corporate Creations Netw	vork Inc.	
	11380 Prosperity Farms F	Road, No. 221E	- 漢語 ·
P.O. Box NOT acceptable Palm Beach Gardens, FL 33410			
The street addre	ess of its registered office and the st	reet address of the business office of its registered	i agent,
Such change was	ns suthorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
Signate	re of an officer or director	Caitlin Lazarus, Attorney-in-F	<u>act</u>
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	it and agree to act in this capacity, statutes relative to the proper and complete ind accept the obligation of my position as registe reflect a change in the registered office address, led in writing of this change.	red I
	0	09/09/2016	
_	nature of Registered Agent	Date	
_	half of an entity:		
	arus, Special Secretary  yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*