○ 08/25/2021 11:13 AM

Division of Corporations



→ 18506176380

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107

Fax Number : (561)214-8442

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

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9

REGISTERED AGENT CHANGE ALLERGAN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of \pm	Delaware		
in orde	r to change its registered office or	registered agent, or both, in the State of Fl	orida.		
I. The name of t	he corporation: ALLERGAN, INC				
2. The principal	office address: 1 N. Waukegan Roz	nd, North Chicago, Illinois 60064			
3. The mailing a	ddress (if different):		·		
4. Date of incorp	oration/qualification: 12/26/1989	Document number: P27459			
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wit resigned)	h the		
	C T Corporation System				
	1200 SOUTH PINE ISLAND				
	PLANTATION, FL 33324		SECR	2021 A	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered offi	ETADY Certas	2021 AUG 25 AN II.	
	Corporate Creations Network Inc.		為 畫	<u> </u>	
	801 US Highway 1			=	
P.O. Box NOT acceptable					
	North Palm Beach, FL 33408				
The street addre	ss of its registered office and the be identical.	street address of the business office of its	registered :	agent,	
Such change was authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an cen notified in writing of the change.	officer so		
	July 1	Carlos M Alvarez, Attorney-in-Fact			
Signatui	e of an officer or director	Printed or typed name and fitt	ē .		
l further agree t of my duties, an document is bei	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	rent and agree to act in this capacity, all statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby hange	plete perfor agent. Or confirm th	mance if this at the	
		08/25/2021			
Sign	ature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
Carlos M Alvare	z, Special Secretary				
Ту	ped or Printed Name	•			