Current Mai	ling Address:			
P.O. BOX 1 HAINES CIT	834 Y, FL 33844 US			
	.,			
FEI Number: 45-5636020			Certificate of Status Desired: No	
Name and A	ddress of Current Registered	I Agent:		
WRAY, HOWAF 1423 DOROTH HAINES CITY, I	Y AVENUE			
The above named	d entity submits this statement for the purpos	e of changing its registered office or regis	tered agent, or both, in the State of	f Florida.
SIGNATURE: HOWARD WRAY				04/15/2024
	Electronic Signature of Registered	Agent		Date
Officer/Dire	ctor Detail :			
Title	D, P	Title	D, VP	
Name	WRAY, HOWARD L.	Name	SINGH, AMAN D.	
Address	1423 DOROTHY AVENUE	Address	P.O. BOX 1834	
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

SIGNATURE: AMAN SINGH

Electronic Signature of Signing Officer/Director Detail

Entity Name: A&L PHARMACEUTICALS INC

Current Principal Place of Business:

1423 DOROTHY AVENUE HAINES CITY, FL 33844

Current Mailing Address:

FILED Apr 15, 2024 Secretary of State 7495135422CC

04/15/2024

Date