FU1000003775

	(Requestor's Name)
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f 5/13/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

AUTHORIZATION

REFERENCE : 655108 5057753 rals Ø enas :

COST LIMIT : \$ 35.00 ---------------

ORDER DATE : May 3, 2022

ORDER TIME : 8:31 AM

ORDER NO. : 655108-057

CUSTOMER NO: 5057753

CHANGE OF AGENT

NAME: ACTAVIS PHARMA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Delaware</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ______ ACTAVIS PHARMA, INC.

2. The principal office address: Morris Corporate Center III, 400 Interpace Parkway, Bldg. A, Parsippany, NJ 07054

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/17/2001 Document number: F01000003775

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporate Creations Network Inc.

801 US Highway 1

North Palm Beach

FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Co	ompany			SVIL	12	3 3
1201 Hays Street				SEE တ	٨H	177
P.O. Box NOT acceptable			 ب:بر	<u> 9</u>	\bigcirc	
Tallahassee		FL	32301		23	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

nature of an officer or director

Jill Cilmi, Vice President

Printed or typed name and title

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company By: Signature of Registered Agent

05/06/2022

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)