F05000006458

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



000419944430

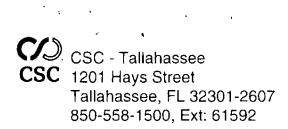
NIC Arrand

33 TALLAHASSEE, FLORIDA

RECEIVED

023 DEC 12 MM 18

A. RAMSEY DEC -132023



To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/12/23

Order #: 1332573-2 Re: Haleon US Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

12000000195

Authorization:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

		e of Corporation	
DOCUMENT NU	MBER: F05000006458		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Name of Contact Person		
	Firm/Company		
	Address		-
	City/State and Zip Code		
E-mail addre	ss: (to be used for future annual re	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Name	e of Contact Person	at ()Area Code & Daytime '	Telephone Number
Enclosed is a check	k for the following amount:		
3\$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F05000006458

	(Docum	ment number of corporation	(if known)	まし
GSK (Consumer Health, Inc.			
	(Name of corporation	as it appears on the records	of the Department of State))
Delaw	are	3. 11/04	1/2005	
	(Incorporated under laws of)		(Date authorized to do bus	siness in Florida)
	(4-7 COMPLE	SECTION II TE ONLY THE APPLIC	ABLE CHANGES)	
	mendment changes the name of the corporation? 12/8/2023	on, when was the change ef	fected under the laws of its	jurisdiction of
Haleo	n US Inc.			
(Name not co	e of corporation after the amendment, adding a name of the corporation)	suffix "corporation." "comp	any," or "incorporated," or	appropriate abbreviation, if
(If new	name is unavailable in Florida, enter alternat	e corporate name adopted f	or the purpose of transactin	g business in Florida)
6. If	the amendment changes the period of duratio	on, indicate new period of d	aration.	
		(New duration)		
7. If	the amendment changes the jurisdiction of in	corporation, indicate new ju	ırisdiction.	
		(New jurisdiction)		
8. If the	amendment changes the jurisdiction of organ	ization, indicate new jurisdi	iction:	
 9. If the	amendment changes person, title or capacity in	accordance with 607 1504	(4) indicate that change:	

Title/ Capacity	<u>Name</u>	Address	Type of Action
Secretar	Gregory Tole		□Add
			=Remove
Secretar	David Marty Moss	184 Liberty Corner Rd, Suite 200	B Add
		Warren, NJ 07059	□Remove
			DAdd
	<u>.</u>		□Remove
			□Add
			□Remove
			□Add
			□Remove
0. Attached is a of the applicat under the laws	certificate or document of similar import, evition to the Department of State, by the Secreta s of which it is incorporated.	videncing the amendment, authenticated neary of State or other official having custody (of more than 90 days prior to deliver of corporate records in the jurisdiction.
	(Signature of a direct	or, president or other officer - if in the han ourt appointed fiduciary, by that fiduciary)	ds of
Arlene E C		Assistant Secret	
	(Typed or printed name of person signing)	(Title of per	rson signing)

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GSK CONSUMER HEALTH, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HALEON US INC." ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2023, AT 4:51 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF

THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTH DAY OF

DECEMBER, A.D. 2023 AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 204790311

Date: 12-12-23