F06000001745

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ry/State/Zip/Phon	e #)		
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TAIL (AHASSEE, FLORIDA

FEB 1 9 2016

C. CARROTHE: ...



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: February 17, 2016

Order#: 993530-011

Re: ALEXION PHARMACEUTICALS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

Pursuant to the	provisions of sections 607.05	02, 617.0502, 607.1508, or 617.1508, Florida	ı Statutes, this	
-	-	ation organized under the laws of the State of		
in orde	er to change its registered offic	ce or registered agent, or both, in the State of	Florida.	
1. The name of	the corporation: ALEXION PH	HARMACEUTICALS INC		
• •	l office address:			
332 Kilottei	Drive, Chestille, C1 00410			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 03/20/	2006 Document number: F06000)001745	
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file venter resigned)	vith the	
	CT Corporation System			
	C/O CT Corporation System, 1200 South Pine Island Rd			
	Plantation	FL 33324		
6. The name an (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered o	- office	
	Corporation Service Compa	any	20161 FACE	
	1201 Hays Street		FEB CRETA AHA	
		P.O. Box NOT acceptable	SSE 19	
	Tallahassee	FL 32301		
The street addr as changed will	ess of its registered office and I be identical.	d the street address of the business office of i	its registered agent;	
Such change wauthorized by t	as authorized by resolution du he board, or the corporation h	uly adopted by its board of directors or by an as been notified in writing of the change.		
,	726	Dona Priebe	Vice President	
- '	of an officer or director	Printed or typed name and to	itle	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions my duties, and I am familiar its document is being filed me	ed agent and agree to act in this capacity. Is of all statutes relative to the proper and continuous with and accept the obligation of my position are the registered offing the reflect a change in the registered offing the notified in writing of this change.	n as registered	
By:	nature of Registered Agent	02/09/2016		
Síg	gnature of Registered Agenix	Date		
If signing on be	ehalf of an entity:			
Grace E. Kirby	, Asst. Vice President			
ī	yped or Printed Name			

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