(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 35				
ORDER DATE : 06/25				
ORDER TIME :				
ORDER NO. :				
CUSTOMER NO:				
CHANGE OF AGENT				
NAME:				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON:				
EXAMINER'S INITIALS:				

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

statement of char	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Delawa istered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: TAKEDA DEVELOPM	IENT CENTER AMERICAS, INC.	
2. The principal	office address: 500 Kendall Street, C	ambridge, MA 02142	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 02/22/2007	Document number: F07000001025	
5. The name and		dagent and registered office on file with the med)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	181
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	2025 157, 25
	Corporation Service Company		-p.
	1201 Hays Street		ب دن
	P.O. 1	Box NOT acceptable	ئ - : :
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the stre be identical.	et address of the business office of its registe	red agent,
Such change wa authorized by th	s authorized by resolution duly adopte board, or the corporation has been	ted by its board of directors or by an officer s notified in writing of the change.	SO
/s/ Max Heuer		Max Heuer, Assl. Secretary	
_	e of an officer or director	Printed or typed name and title	
corporation has	the appointment as registered agent of comply with the provisions of all stated I am familiar with and accept the of filed merely to reflect a change in been notified in writing of this change in Service Company	and agree to act in this capacity. atutes relative to the proper and complete pe bligation of my position as registered agent. the registered office address, I hereby confir ge.	erformance Or, if this on that the
By: Cer	m let	06/25/2025	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	, Asst. Vice President		

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