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R.A.

APR 1 7 2012 T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 158730 7435048

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 5, 2012

ORDER TIME: 11:28 AM

ORDER NO. : 158730-029

CUSTOMER NO: 7435048

CHANGE OF AGENT

NAME: ALCON RESEARCH, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of $\underline{f L}$	Delawai	•	_
1. The name of	the corporation: ALCON LABORATO	ORIES, INC.			
2. The principal	office address: 6201 South Freeway, I	Fort Worth, TX 76134			
3. The mailing a	address (if different): 6201 South Freew	ray, Attn: Corporate Tax TB4-1,	, Fortw	orth T	X 7613
4. Date of incor	poration/qualification: 02/01/1989	Document number: P22826			
	d street address of the current registered age	gent and registered office on file wit	h the		
	CT Corporation System		_		
	1200 South Pine Island Road			201	
	Plantation FL 33324			2012 APR	T
6. The name and (if changed):	l street address of the new registered agen	t (if changed) and /or registered offi	TARY OF ASSEE, F	16 PH	
Corporation Service Company			SIA	ယ္အ	
	1201 Hays Street		<u>.</u>	56	
	(P.O. Box NOT acceptable)		-		
	Tallahassee, FL 32301		•		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	s registe	red age	ent,
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an elified in writing of the change.	officer s	so	
Wignan (Signan	Le of an officer or director)	Maureen Cathell, Vice Preside			_
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state d I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	ites relative to the proper and com gation of my position as registered e registered office address. I hereb	plete pe l agent. y confir	rforma Or, if m that	nce this the
By:	on Service Company	04/04/2012			
(Si	gnature of Registered Agent)	(Date)			_
If signing on be	half of an entity:				
Grace E. Kirb	· · · · · · · · · · · · · · · · · · ·				
(7	Typed or Printed Name)				
	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314