	Requestor's	Nomal				
(Requestors	s Name)				
(.	Address)					
(Address)					
(1	City/State/Z	lip/Phone #)			
			_			
PICK-UP	[v	VAIT	MAIL			
(Business E	ntity Name)				
(Document Number)						
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Certified Copies	C	artificates of	Statue			
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Special Instructions	to Filing Of	ficer:				
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Office Use Only



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SECREMINE OF STATES

RECEIVED

CORPORATION SERVICE COMPANY 1201 Havs Street

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

ACCOUNT NO. : 12000000195						
REFERENCE : 655108 5057753						
AUTHORIZATION Smell of and						
COST LIMIT : \$ 35.00						
ORDER DATE : May 3, 2022						
ORDER TIME : 8:44 AM						
ORDER NO. : 655108-356						
CUSTOMER NO: 5057753						
CHANGE OF AGENT						
NAME: TEVA PHARMACEUTICALS USA, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY X PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
EXAMINER'S INITIALS:						

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the law	vs of the State of $_$	Delaware				
1. The name of t	he corporation: TEVA PHARMACEL	ITICALS USA, INC.						
2. The principal	office address: 400 Interpace Parkw	ay, Parsippany, NJ	07054					
3. The mailing a	ddress (if different):							
4. Date of incorp	. Date of incorporation/qualification: 09/29/2008 Document number: F08000004247							
	street address of the current registered timent of State: (If resigned, enter resigned)		d office on file wit	h the				
	Corporate Creations Network Inc.							
	801 US Highway 1							
	North Palm Beach	FL	33408	SEC	7 ∏?2			
6. The name and (if changed):	street address of the new registered a	gent (if changed) and	l /or registered offi	RETARY AHASSE	1022 HAY 12			
	Corporation Service Company			ű <u></u>	2			
	1201 Hays Street			- 등목 (ب ۾			
	P.O.	Box NOT acceptable		7.3	6			
	Tallahassee	FL	32301					
The street addre	ss of its registered office and the stre be identical.	et address of the bus	siness office of its	registered a	gent,			
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	ted by its board of d notified in writing o	irectors or by an of the change.	ifficer so				
Jill Cilmi, Vice President								
Signatur	e of an officer or director	Printe	d or typed name and title	= ===	_			
I further agrée t of my duties, and document is bein corporation has	the appointment as registered agent o comply with the provisions of all st d I am familiar with and accept the ong filed merely to reflect a change in been notified in writing of this chang	atutes relative to ine bligation of my posi- the registered office	e proper ana comt	olete perforn agent. Or, i confirm tha	nance if this it the			
By: (2)	m Lei	05/06/2022						
2181	nature of Registered Agent		Date					
If signing on bel	half of an entity:							
	Asst. Vice President ped 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)