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Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE BIOGEN U.S. CORPORATION

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: BIOGEN U.S. CORPORATION 2. The principal office address: 225 BINNEY STREET, CAMBRIDGE, MA 02142
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/19/2008 Document number: F08000005354
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
United Agent Group Inc.
11380 Prosperity Farms Road #221E " 😤
Palm Beach Gardens, FL 33410
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so unfortized by the board, or the corporation has been notified in writing of the change.
Jenisa Irizarry, Attorney-in-Fact
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I wereby confirm pull the corporation has been notified in writing of this change.
2/1/2018
Signature of Rogatered Agent Date
f signing on behalf of an entity: Jenisa Irizany, Special Secretary
Typed or Printed Name

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