## F09000004103

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Chyloddol 2 phr. Halle 11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J5/19/2022

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

ACCOUNT NO. : 12000000195					
REFERENCE : 655110 5057753					
AUTHORIZATION :					
COST LIMIT : \$ 35.00 Cena,					
ORDER DATE : May 3, 2022					
ORDER TIME: 1:47 PM					
ORDER NO. : 655110-014					
CUSTOMER NO: 5057753					
<u>CHANGE OF AGENT</u>					
NAME: WATSON MANUFACTURING SERVICES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	nized under the laws of the St	tate of Delaware		
1. The name of t	the corporation: WATSON MANUFACT	URING SERVICES, INC.			
2. The principal	office address: 400 Interpace Parkway,	, Bldg. A, Parsippany, NJ 0	7054		
	ddress (if different):				
4. Date of incorp	poration/qualification: 10/16/2009	Document number:	-09000004103		
5. The name and Florida Depar	d street address of the current registered a timent of State: (If resigned, enter resigned	gent and registered office or ed)	ı file with the		
	Corporate Creations Network Inc.				
	801 US Highway 1		2022 F		
	North Palm Beach	FL 33408			
6. The name and (if changed):	i street address of the new registered ager Corporation Service Company	nt (if changed) and /or regist	ered office		
	1201 Hays Street		7		
P.O. Box NOT acceptable					
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the street be identical.	address of the business offi	ce of its registered agent,		
Such change wa	s authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors or tified in writing of the chan	r by an officer so ge.		
Xie	L & GONEL	Jill Cilmi, Vice President			
	re of an officer or director	Printed or typed na			
согроганов наз	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company	d agree to act in this capac utes relative to the proper a igation of my position as re e registered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the		
By: ( )	m Lei	05/18/2022			
	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
	Asst. Vice President				
Ту	yped or Printed Name	un cae 00 + + +			
* * * FILING FEE: \$35.00 * * *					

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