(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busii	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
رج		

Office Use Only



700387570537

2022 MAY 12 AM 11:28 2022 MAY 12 AM 11:28

RECEIVED

Cf 5/13/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 655108 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: May 3, 2022 ORDER TIME : 8:40 AM ORDER NO. : 655108-297 CUSTOMER NO: 5057753 CHANGE OF AGENT NAME: TEVA BRANDED PHARMACEUTICAL PRODUCTS R&D, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX 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	nge is sub	of sections 607.05 mitted for a corpor	ration organize	ed under the law	vs of the State o	f_Delawar	his e	_
	_	e its registered offi		-				
1. The name of t	he corpor	ation: TEVA BRAI	NDED PHARM	MACEUTICAL I	PRODUCTS R	&D, INC.		
2. The principal	office add	ress:_145 Brandy	wine Parkway,	West Chester	, PA 19380	-		_
3. The mailing a								<u> </u>
4. Date of incorp	oration/q	ualification: 01/21	/2010	Document r	number: _F100	00000333	<u>-</u>	_
		lress of the current state: (If resigned, e		nt and registere	d office on file	with the		
	Corpora	te Creations Netwo	ork Inc.			s	26	
	801 US	Highway 1				LVI LVI ECIII	2022 MAY 12	æ
	North Pa	ılm Beach		FL	33408			Į.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office					office C C	2 AN II: 28	
	Corporat	ion Service Comp	any			_ 교육	28	
	1201 Ha	ys Street						
			P.O. Box No	OT acceptable				
	Tallahas	see	<u>-</u>	FL	32301			
		egistered office and al.						nt,
Such change wa authorized by th	s authoriz e board, c	ed by resolution d or the corporation l	luly adopted by has been notifi	y its board of d ed in writing o	irectors or by a of the change.	ın officer so)	
Xue	ر کم ر	agner	,	Jill Cilmi, Vice			_	_
I hereby accept I further agree t of my duties, and document is bein	DEEN HOU	ntment as registers with the provision williar wilh and acc erely to reflect a c fied in writing of t	ed agent and a s of all statute. cp the obliga hange in the re his change.		d or typed name and this cupacity, e proper and co tion as register e address, I her		formar Or, if the or that the	ice his he
By:	n .	Zeil	(05/06/2022				
Sigi	ature of Reg	stered Agent			Date			-
If signing on bel	half of an	entity:						
Ami M. Casper, Ty	Asst. Vice		_ 					

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