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13 JAN 22 AM II: 18



1/22/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 497291 7712155

AUTHORIZATION : _(

COST LIMIT :

ORDER DATE: January 15, 2013

ORDER TIME : 10:18 AM

ORDER NO. : 497291-062

CUSTOMER NO: 7712155

CHANGE OF AGENT

NAME: MEAD JOHNSON NUTRITION COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Delaware red agent, or both, in the State of Florida.		
1. The name of t	the corporation: MEAD JOHNSON NO	JTRITION COMPANY		
2. The principal	office address: 2701 Patriot Blvd Fou	ırth Floor, Glenview IL 60026		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/31/2010	Document number: F10000003951		
	d street address of the current registered agetment of State: (If resigned, enter resigned	, .		
	C T Corporation System	WAS ES		
	1200 South Pine Island Road			
	Plantation FL 33324	LEI 22 ASS		
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office		
	1201 Hays Street			
	P.O. Box NOT acceptable			
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,		
Such change wa	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so filed in writing of the change.		
1/HL	Velent Whele	Maureen Cathell, Vice President		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statum my duties, and I am familiar with and ac	agree to act in this capacity, tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change.		
By: Sig	nature of Registered Agent	01/18/2013 Date		
If signing on be	half of an entity:			

Sarah Wright, Asst. Vice President

Typed or Printed Name

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