

**F10000003951**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

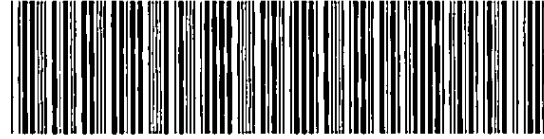
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

**J. HORNE**  
**NOV - 9 2022**

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**400397347574**

SECRETARY OF STATE  
FALL APPOINTMENT

2022 NOV - 8 AM 9:38

**F11FD**



2022 NOV - 8 AM 11:52

SECRETARY OF STATE  
FALL APPOINTMENT

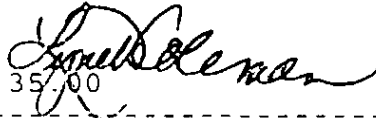
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 992413 7926309

AUTHORIZATION :

COST LIMIT : \$ 35,000



ORDER DATE : October 5, 2022

ORDER TIME : 9:25 AM

ORDER NO. : 992413-055

CUSTOMER NO: 7926309

FOREIGN FILINGS

NAME: MEAD JOHNSON NUTRITION COMPANY

XX  CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX  PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F10000003951  
\_\_\_\_\_  
(Document number of corporation (if known))

1. Mead Johnson Nutrition Company  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. DE 3. 08/31/2010  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2022 NOV - 8 AM 9:18  
FILED

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration.  
\_\_\_\_\_  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
\_\_\_\_\_  
(New jurisdiction)
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:  
\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Dir/Treas/VP	Mark Sips	399 Interpace Pkwy.	<input type="checkbox"/> Add
		Parsippany, NJ 07054	<input checked="" type="checkbox"/> Remove
Dir/Treas/VP	Amit Kumar	399 Interpace Pkwy.	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
VP	Dustin Opatosky	399 Interpace Pkwy.	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
Asst. Sec.	Patrick Sly	399 Interpace Pkwy.	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 Justin Griner [Oct 31, 2022 11:01 CDT]

31-Oct-2022

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Justin Griner

Asst. Secretary

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**