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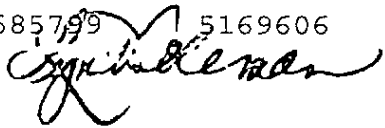
2023 MAR 15 AM 9:16

ALL AMASSET, LLC

ALL AMASSET, LLC

cf 3/16/2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 585799 5169606
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : March 14, 2023

ORDER TIME : 9:03 AM

ORDER NO. : 585799-010

CUSTOMER NO: 5169606

FOREIGN FILINGS

NAME: NOVARTIS LATIN AMERICA
SERVICES, INC.

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: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NOVARTIS LATIN AMERICA SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER: F12000001205

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME HUERTAS, SECRETARY

Name of Contact Person

NOVARTIS LATIN AMERICA SERVICES, INC.

Firm/Company

ONE HEALTH PLAZA

Address

EAST HANOVER, NJ 07936

City/State and Zip Code

JAIME.HUERTAS@NOVARTIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME. HUERTAS at (888) 669-6682

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.)

2023 MAR 15 AM 9:16

SECTION I
(1-3 MUST BE COMPLETED)

F12000001205

(Document number of corporation (if known))

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

1. NOVARTIS LATIN AMERICA SERVICES, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 2012-03-20

(Date authorized to do business in Florida)

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.

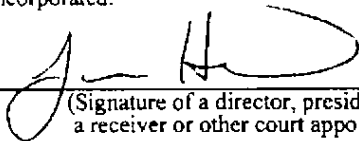
(New jurisdiction)

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.



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

JAIME HUERTAS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00

EXHIBIT A – ADDRESS CHANGE

The address of **Novartis Latin America Services, Inc.** has changed from

Waterford Business Park

5200 Blue Lagoon Drive

Miami Florida 33126

to

One Health Plaza

East Hanover, New Jersey 07936