

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE CIPLA USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Reg 10 2513

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	idment Section ion of Corporations	
SUBJECT: C	lipla USA Inc.	
Name of Corp	poration	
DOCUMENT	NUMBER: F13000000256	
The enclosed	Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return a	all correspondence concerning this ma	atter to the following:
Olivia Gonzale		
Name of Cont	act Person	
InCorp Service	s, Inc.	
Firm/Compan	у	
3773 Howard I	Hughes Parkway Suite 500S	
Address		
Las Vegas, NV	89169-6014	
City/State and	Zip Code	
	managedreports@incorp.com	
E-mail addres	ss: (to be used for future annual re	port notification)
		,
For further inf	ormation concerning this matter, plea	se call:
Olivia Gonzale:	s on behalf of InCorp Services, Inc.	at (702) 866-2500 ext. 6918
	Name of Contact Person	at (702) 866-2500 ext. 6918 Area Code & Daytime Telephone Number
Enclosed is a \$	\$35.00 check made payable to the Dep	partment of State.
A	Mailing Address:	Street Address:
<u> </u>	Amendment Section	Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CRZE045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu range is submitted for a corporation organized under the laws of the State of Delay	ware	
	ler to change its registered office or registered agent, or both, in the State of Florid	da.	
1. The name of	the corporation: CIPLA USA INC.		
2. The principa	l office address: 10 Independence Blvd., Suite 300, Warren NJ 07059		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 01/17/2013 Document number: F1300000025	6	
	ed street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	ње	
	CORPORATION SERVICE COMPANY		20
1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2525	-	ع
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): InCorp Services, Inc.			AM 10: 50
	17888 67th Court North	خَرْدُ	/
	P.O. Box NOT acceptable		
_	Loxahatchee, FL 33470		
The street addr as changed will	ess of its registered office and the street address of the business office of its reg	sistered a	gent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
Paigl	Biplab Mazumdar, Secretary Profile or typed have and title		
I hereby accept I further agree of my duties, an document is bei corpordiion has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete ad I am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address. I hereby co s been notified in writing of this change.	z perform int. Or, t nfirm tha	tance f this it the
1///	03/02/2020		
(3 4) - 1	thalf of an entity:		
5 5	on behalf of InCorp Services, Inc.		
	yped or Printed Name		
	* * * FILING RRE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)