

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 Account Number : 110432003053  
 Phone : (561)694-8107  
 Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE  
 BAUSCH HEALTH COMPANIES INC.**

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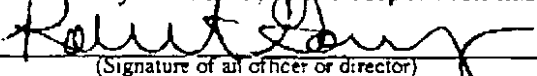
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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation is: Bausch Health Companies Inc.
2. The principal office address: 2150 ST.-ELZEAR BLVD WEST  
LAVAL, QUEBEC CA H7L 4A8
3. The mailing address (if different): 2150 ST.-ELZEAR BLVD WEST  
LAVAL, QUEBEC CA H7L 4A8
4. Date of incorporation/qualification: \_\_\_\_\_ Document Number: F17000004229
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
United Agent Group Inc.  
11380 Prosperity Farms Road #221E  
(P.O. Box Not acceptable)  
Palm Beach Gardens FL 33410

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by its officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Robert Gomez, Attorney-in-Fact  
(Printed or Typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

August 28, 2018  
(Date)

If signing on behalf of an entity:

Robert Gomez, Special Secretary  
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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