

F22000007310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

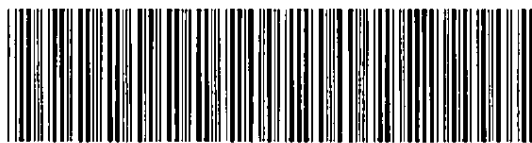
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700400727567

resolution of
board of directors
withdrawing alternate
name.

JAN 27 AM 10: 58

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN 27 AM 10: 33

RECEIVED

A. RAMSEY

JAN 30 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/27/2022

Acc#12016000072

Eric D. W.

Name:	Johnson & Johnson Consumer Inc.
Document #:	
Order #:	14716940 - 61

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/27/2022

Acc#I20160000072

en: c DW

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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Johnson & Johnson Consumer Inc.

(Name of Corporation)

DOCUMENT NUMBER: F22000007310

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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



FILED
2023 JAN 27 AM 10:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Christopher Andrew, Secretary, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Johnson & Johnson Consumer Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Nevada
(State or Country)

was adopted on January 5, 2023 withdrawing the alternate
name of JNTL Consumer Health (NA) Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: January 5, 2023

CHRISTOPHER ANDREW

Secretary

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Title of person signing

FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314