

F22000007310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

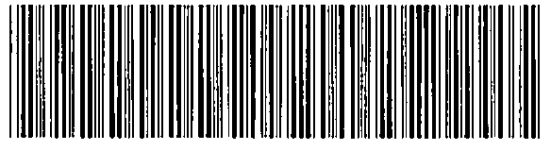
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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700400727567

resolution of  
board of directors  
withdrawing alternate  
name.

FILED  
JAN 27 AM 10:58

RECEIVED  
2023 JAN 27 AM 10:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY

JAN 30 2023

# CT CORP

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

Date: 01/27/2022  
Acc#I20160000072

*en: c DW*

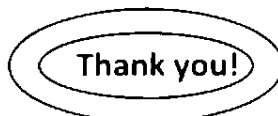
Name:	Johnson & Johnson Consumer Inc.
Document #:	
Order #:	14716940 - 61

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"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ 43.75



# CT CORP

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

Date: 01/27/2022

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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"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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:

(Name of Contact Person) at ( )  
(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

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

Secretary

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