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Division of Corporations

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August 30, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

APTALIS PHARMA US, INC. 22 INVERNESS CENTER PARKWAY SUITE 310 BIRMINGHAM, AL 35242US

SUBJECT: APTALIS PHARMA US, INC.

REF: F95000005305

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Stacy Prather Regulatory Specialist III

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

statement of cha	unge is submitted for a corporation orgo	502, 607,1508, or 617,1508, Florida Statutes, this anized under the laws of the State of Delaware stered agent, or both, in the State of Florida.	
1. The name of	the corporation: APTALIS PHARMA U	S, INC.	
2. The principal	office address: 1 N. Waukegan Road, No	orth Chicago, Illinois 60064	_
3. The mailing a	address (if different): 1 N. Waukegan Ro	oad, North Chicago, Illinois 60064	-
4. Date of incorp	poration/qualification: 10/27/1995	Document number: F95000005305	_
	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	3 .	2021
	PLANTATION, FL 33324	iont (if changed) and for registered office	2021 AUG 30
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	30 AH
	Corporate Creations Network Inc.		<u>;</u>
	801 US Highway 1,		- B
	P.O. B	Box NOT acceptable	
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agen	it.
Such change wa authorized by t	as authorized by resolution duly adopt he board, or the corporation has been n	ed by its board of directors or by an officer so notified in writing of the change.	
	July 1	Carlos M Alvarez, Attorney-in-Fact	
Signatu	ire of an officer or director	Printed or typed name and litle	-
I further agree of my duties, ar document is bei	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ol- ing filed merely to reflect a change in t s been notified in writing of this chang	atutes relative to the proper and complete performan bligation of my position as registered agent. Or, if th the registered office address, I hereby confirm that th	ce is ie
	Liften Land	08/27/2021	
Sig	mature of Registered Agent	Date	•
If signing on be	ehalf of an entity:		
Carlos M Alvare	zz, Special Secretary		
ï	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *