LOCODIaa176

(Requestor's Name)						
(Address)						
(Address)						
,						
10.10.4						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
operations to 1 ming officer.						
J. HORNE						
MAY 1 3 2022						

Office Use Only

600385716616

FILED

2022 MAY 12 AM 9: 27

SECRETARY OF SIGHT



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 655108 5057753

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2022

ORDER TIME : 8:45 AM

ORDER NO. : 655108-375

CUSTOMER NO: 5057753

CHANGE OF AGENT

NAME: TEVA RESPIRATORY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:TEVA RESPIRA	ATORY	, LLC	
2. (a)	145 Brandywine Parkway	(ъ)	
<i>Σ</i> . (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Chester, PA 19380			
	12/27/2006		L06000	122176
3. 5. (a)	Date of filing/registration in Florida Corporate Creations Network Inc.	4.		Document number
). (a)	Registered Agent and Registered Office shown on the records of 801 US Highway 1	the Florid	da Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>	
	North Palm Beac , FL	3340	8	EIL 2022 MAY 12 SECRETARY ALLAHASSEE
(b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office a	ddress:	A A D
	NEW Registered Office Address:		<u>.</u> ,	- 27
	1201 Hays Street			
	Tallahassee, FL	32301		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the register bility c	e State of red office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in
	l Cilmi			ithorized Person
	ture of a member or authorized representative of a member	-		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h Lin writing of this change.	for in ereby c	chapter Chapter confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed not the limited liability company has been ice Company
(lu IV Ley AI	-		Asst. Vice President
Signatu	re of Registered Agent			