

L99000001073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

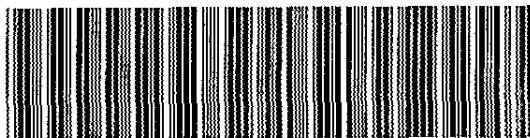
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700013716767

FILED

03 MAR 20 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

03 MAR 20 AM 8:55

DEPT. OF STATE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

3/20  
JST



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 945825 128640A

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 25.00

ORDER DATE : February 26, 2003

ORDER TIME : 4:37 PM

ORDER NO. : 945825-040

CUSTOMER NO: 128640A

CUSTOMER: Pamela Richardson, Paralegal  
Andrx Corporation  
4955 Orange Drive

Davie, FL 33314

FILED  
03 MAR 20 PM 1:21  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: ANDRX PHARMACEUTICALS  
EQUIPMENT #1, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

4955 Orange Drive, Attn: Allison Lichter, Davie, FL 33314

February 25, 1999

L99000001073

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Andrx Pharmaceuticals, Inc.

Name

4955 Orange Drive

Address

Davie, FL 33314

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Scott Bodin, EVP & General Counsel of Andrx Pharmaceuticals, Inc.,

(Printed or typed name of signer)

Managing Member

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Cynthia L. Harris  
(Signature of Registered Agent)

**Cynthia L. Harris**  
**as its agent**

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILED**  
**03 MAR 20 PM 1:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**