

# MD8000004588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

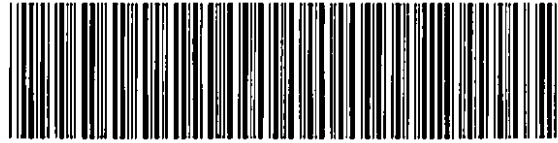
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only

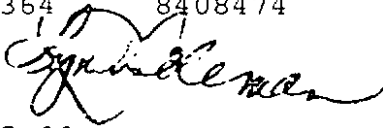


800405992298

FILED  
2023 APR 13 AM 9:18  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2023 APR 13 AM 11:55  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 645364 8408474  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : April 6, 2023  
ORDER TIME : 9:14 AM  
ORDER NO. : 645364-024  
CUSTOMER NO: 8408474

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CHANGE OF AGENT

NAME: EDGEWELL PERSONAL CARE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**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. Name of the limited liability company: EDGEWELL PERSONAL CARE, LLC
2. (a) 6 RESEARCH DRIVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
- (b) 1350 Timberlake Manor Parkway Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
- SHELTON, CT 06484 Suite 300
- 10/13/2008 M08000004588
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATE CREATIONS NETWORK INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
801 US HWY 1  
NORTH PALM BEACH, FL 33408

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

**FILED**  
2023 APR 13 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Jill E. Cilmi Signature of a member or authorized representative of a member  
Jill Cilmi, Authorized Person Printed or typed name of signee

*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 605, 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.*

Grace E. Kirby Signature of Registered Agent

Grace E. Kirby, Asst. Vice President  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00