(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/State/Zip/r-Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
Q. SILAS						
MAY 13 2022						

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 55108 5057753							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: May 3, 2022							
ORDER TIME : 8:29 AM							
ORDER NO. : 655108-002							
CUSTOMER NO: 5057753							
<u>CHANGE OF AGENT</u>							
NAME: ACTAVIS ELIZABETH LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
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. N	ame of the limited liability company: _	ACTAVIS ELIZA	ABETH	LLC	
2. (a)	200 Elmora Avenue				
2. (u)	Principal office address of limited liab (Note: MUST BE STREET AD		_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Elizabeth, NJ 07202				
	10/05/2009			M090000	003934
3.	Date of filing/registration in F	lorida	4.		Document number
5. (a)	Corporate Creations Network Inc.				
	Registered Agent and Registered Office shown	on the records of t	he Florid	a Dept. of St	nate:
	801 US Highway 1				
	Registered Office Address (MUST BE FLC	ORIDA STREET A	DDRES	<u>s)</u>	
	North Palm Beac	, FL_	33408	3	SECRETARY OF STATE
41.					HAY HAY
(b) _	Enter name of NEW Registered Agent and/or			ldress:	ASY 7
	Corporation Service Company				SEE. SEE.
	NEW Registered Office Address:				
	1201 Hays Street				<i>™ ;;</i> _
	Tallahassee	, FL	32301		
hange igent w vas/we	or changes are made, the Florida street vill be identical. Or, in the case of a Flo	address of the rorida limited liab the members of	egistero fility co the lim	ed office ar impany, it iited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Jill	Cilmi		Jill (Cilmi, Auth	orized Person
Signat	ure of a member or authorized representative of	a member		- -	Printed or typed name of signee
l hereb provision he obli o mere potified	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered ag ty reflect a change in the registered offi in writing of this change.	agent and agree and complete po ent as provided j ce address, 1 he	e to act erforma for in C ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been a Company
(en M Ley		-		• •
Signatur	e of Registered Agent	Am	ii ivi. Ç	asper, AS	st. Vice President