## PP80000001M

(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:
J. HORNE OCT 28 2022
2022

Office Use Only



700396613047

SECRETARY OF STA

2022 OCT 27 PH 3: 3

1000 DCT 27 PM 3: 0

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 9924,13 7926309				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 25.00				
ORDER DATE: October 5, 2022				
ORDER TIME : 2:16 PM				
ORDER NO. : 992413-025				
CUSTOMER NO: 7926309				
FOREIGN FILINGS				
NAME: MEAD JOHNSON & COMPANY, LLC				
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	I (1-4 must be completed)	7
1. Name of limited liability Company as it appear	s on the records of the Florida Department of	85.0 85.0 822.0
State: Mead Johnson & Company, LLC		2022 OCT 27 SECRETARY FALL ARRESS
Enter new principal office address, if applicable:	2400 West Lloyd Expressway	( 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Evansville, IN 47721	PH 9:
		02
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2400 West Lloyd Expressway	
	Evansville, IN 47721	
2. The Florida document number of this limited lia	ability company is: M10000000844	
3. Jurisdiction of its organization: DE		
4. Date authorized to do business in Florida: 02/2	23/2010	·
SECTION 11 (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alternate name. Th	
6. If amending the registered agent and/or register registered agent and/or the new registered office a		of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Address	
<del></del>	, Florida,	Lip Code
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ont and agree to act in this capacity. I further agr cand complete performance of my duties, and I a tered agent as provided for in Chapter 605, F.S. cin the registered office address, I hereby confirm	m familiar with Or, if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
<u></u>	<del></del>		□Add	
			□Remo	
			□Add	
			□Remo	
			□Remo	
			□Add	
			□Remo	
			□Add	
aforementioned an	the law of which this entity is organ	the official having custody of record	□Remo s in the	

Ellin F. .. #25 00