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FEB 8 2013 T. HAMPTON



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 501621 4369509

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: January 18, 2013

ORDER TIME : 3:47 PM

ORDER NO. : 501621-335

CUSTOMER NO: 4369509

CHANGE OF AGENT

NAME: MEDCO RESEARCH INSTITUTE,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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. Name of the limited liability company: MEDCO RES	EARCH INSTITUTE, L.L.C.	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 100 Parsons Pond Drive Franklin Lakes, NJ 07417	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	100 Parsons Pond Drive Franklin Lakes, NJ 07417	
05/02/2012	M12000002445	
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:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
<u>NEW</u> Registered Agent:	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
(MUST BE FLUKIDA STREET ADDRESS)	Tallahassee ,FL	32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office ar ase of a Florida limited liability co	nd the business mpany, it is
Dcb Reeves, Authorized Person (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the company has been notified by: [Signature of Registered Agent]	gree to act in this capacity.—I furth oper and complete performance of as registered agent as provided fo change in the registered office add d in writing of this change.	ner agree to my duties, and I r in Chapter 608, ress, I nereby:
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box	•	7.7.7.8
FILING FEE	: \$25.00	9 6
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