

(Requestor's Name)	•				
(Address)					
(Address)					
(City/State/Zip/Phone #)	•				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer;					
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Office Use Only

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

. . . .

	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	
	AUTHORIZATION	:	Somethe and
	COST LIMIT	:	\$ 25.00
ORDER DATE :	May 3, 2022		
ORDER TIME :	8:31 AM		
ORDER NO. :	655108-035		
CUSTOMER NO:	5057753		

CHANGE OF AGENT

NAME: ACTAVIS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN 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. Na	ame of the limited liability company:				
2. (a)	400 Interpace Parkway, Bldg. A	(b)			
2, (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Parsippany, NJ 07054	·····			
	09/11/2013	M130	000005731		
3.	Date of filing/registration in Florida Corporate Creations Network Inc.	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 801 US Highway 1	of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRESS)</u>			
	North Palm Beac, FL	33408	SECRETARY TALLAHAS		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	RY CF STATE			
	Corporation Service Company				
	<u>NEW</u> Registered Office Address: 1201 Hays Street				
	Tallahassee, FL	32301			
change agcnt v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	vs of the State registered official ability company of the limited lia	of Florida, it is hereby confirmed that after the ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	l Cilmi	Jill Cilmi, /	Authorized Person		
Signat	ture of a member or authorized representative of a member		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. Corporation Service Company

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**