## M20000004885

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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 655108 5057753 AUTHORIZATION COST LIMIT ORDER DATE: May 3, 2022 ORDER TIME : 8:43 AM ORDER NO. : 655108-348 CUSTOMER NO: 5057753 CHANGE OF AGENT NAME: TEVA PHARMACEUTICALS INTERNATIONAL 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.	Na	arne of the limited liability company:	ACEUT	ICALS	INTERN	NATIONAL LLC
2	(a)	Piazzale Luigi Cadorna 4		(b)		
۷.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Ма	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Milano 20123 IT	<del>-</del>			
		05/27/2020	_	M20	0000048	385
3.		Date of filing/registration in Florida	4.		D	Ocument number
5	(a)	Corporate Creations Network Inc.				
Э.	(a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dep	t. of State:	
		801 US Highway 1  Registered Office Address (MUST BE FLORIDA STREET AD				
						2022 MAY SECRETA TALLAHA
		North Palm Beac, FI	3340	8		SSE 12
	/L\					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Of  Corporation Service Company			;	1.50 J
						)'' <b>.F</b>
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee , FL	32301			
ch ag wa	ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the operating agreement of the	registe ability of of the li	red of compa mited	fice and t ny, it is h liability o	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
		l Cilmi				zed Person
		ture of a member or authorized representative of a member			F	Printed or typed name of signee
pr th to	ovisi e obl meri	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	perjorn d for in hereby	confir	ter 605, I m that the	res, and I am jumital with and accept F.S. Or, if this document is being filed e limited liability company has been
nc	tifie	of inis change.	orpora	tion S	ervice C	company
S	gnatu	re of Registered Agent	mi M.	Casp	er, Asst.	Vice President