P0200054167

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (0.0) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



800387570788

DIVISION OF CORPORATIONS

RECEIVED

2022 HAY 12 AM 10: C

9 5/13/20 N

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | |
|---|--|--|--|--|--|
| REFERENCE : 655108 5057753 | | | | | |
| AUTHORIZATION : June 10 0000 | | | | | |
| COST LIMIT : \$36,00 | | | | | |
| ORDER DATE : May 3, 2022 | | | | | |
| ORDER TIME : 8:36 AM | | | | | |
| ORDER NO. : 655108-223 | | | | | |
| CUSTOMER NO: 5057753 | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| | | | | | |
| NAME: IVAX FAR EAST, INC. | | | | | |
| | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY | | | | | |
| XX PLAIN STAMPED COPY | | | | | |
| | | | | | |
| CONTACT PERSON: Alexxis Weiland EXT# | | | | | |
| EXAMINER: | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of _ registered agent, or both, in the State of F | Florida | <u> </u> | |
|--|---|--|----------------------|----------------------------------|--|
| 1. The name of t | he corporation: IVAX FAR EAST | r, INC. | | | |
| 2. The principal | office address: 400 Interpace Pa | inway, raisippany, no orost | | | |
| • | ddress (if different): | | | | |
| 4. Date of incorporation/qualification: 05/16/2002 Document number: P02000054167 | | | | | |
| 5. The name and Florida Depar | street address of the current regis tment of State: (If resigned, enter | stered agent and registered office on file wiresigned) | th the | | |
| | Corporate Creations Network In | 1c. | _ | | |
| | 801 US Highway 1 | | - J E | 202 | |
| | North Palm Beach | FL 33408 | 2000 1300 1300 | 022 HAY 12 | |
| 6. The name and (if changed): | street address of the new register | ed agent (if changed) and /or registered off | fice; > 1. | 12 AM 10: 32 | |
| | Corporation Service Company | | r Tibo Tanai | ë (| |
| | 1201 Hays Street | | - PATE | 32 | |
| | | P.O. Box NOT acceptable | | | |
| | Tallahassee | FL 32301 | - | | |
| as changed will | be identical. | street address of the business office of its | | i agent, | |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has b | dopted by its board of directors or by an een notified in writing of the change. | officer so | | |
| Xiel | Le Gonie | Jill Cilmi, Vice President | | | |
| I hereby accept I further agree t of my duties, and document is bein corporation has | e of an officer of director the appointment as registered as o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this of n Service Company | Printed or typed hame and tit gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered the in the registered office address, I hereb thange. | | ormance r if this that the | |
| ارد کا By: (کا کا | N OI | 05/06/2022 | | | |
| | nature of Registered Agent | Date | | | |
| If signing on bel | nalf of an entity: | | | | |
| | Asst. Vice President ped or Printed Name | - | | | |

* * * FILING FEE: \$35.00 * * *