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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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CA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 655108 5057753								
AUTHORIZATION : 5037753								
COST LIMIT : \$ 35.00								
ORDER DATE : May 3, 2022								
ORDER TIME : 8:37 AM								
ORDER NO. : 655108-224								
CUSTOMER NO: 5057753								
CHANGE OF AGENT								
NAME: IVAX LABORATORIES PUERTO RICO, 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 st	ns of sections 607.0302, 61 abmitted for a corporation (nge its registered office or 1	organize	d under the	law	s of the State of	Florida		_
1. The name of t		oration: IVAX LABORATO	RIES P	UERTO RIC	O, ippa	INC. any, NJ 07054			
3. The mailing a	ddress (i	f different):				_			<u> </u>
4. Date of incorp	oration/	qualification: 07/31/2002		Documer	nt n	umber: P0200	0083347		
		ddress of the current registe State: (If resigned, enter re			erec	d office on file w	ith the		
	Corpor	ate Creations Network Inc	c				_		
	801_US	6 Highway 1			·		SEC O⊞S	2022 HAY 12	
	North I	Palm Beach		F	=L	33408		HAY.	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office. Corporation Service Company								
		ays Street					- PINE	0.1.0	
			P.O. Box N	OT acceptable	-,	20204			
	Tallaha	18866 		. 	<u> </u>	32301	_		
_		registered office and the sical.							:nt,
Such change was authorized by the	s author e board,	ized by resolution duly ad or the corporation has be	lopted by en notifi	y its board o ed in writing	f di g of	irectors or by an fithe change.	officer s	0	
Xie	رح .	agnie		Jill Cilmi, Vid					
/ 1		cer or director				d or typed name and to			_
of my duties, and document is bein corporation has	d I am fo ng filed i been no	ointment as registered age y with the provisions of al- miliar with and accept the merely to reflect a change stified in wrifing of this cha ce Gompany	e obliga in the r	gree to act i s relative to tion of my p egistered off	in ti the osii fice	his capacity. proper and con tion as registere address, I heret	nplete pe d agent, by confir	rforma Or, if i m that	nce this the
By: Cli	M	Lev _	(05/06/2022					_
If signing on bel		ngistered Agent n entity:				Date			
Ami M. Casper,	Asst. Vi								

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