Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

(850)521-1000

Fax Number

(850)558-1575

REGISTERED AGENT CHANGE

DABUR PHARMA US, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

W. 12301

STATEMEN		ISTERED OFFICE OR REGISTERED AGEN OR CORPORATIONS	T OR BOTH	
statement of cha.	nge is submitted for a corpo	02, 617.0502, 607.1508, or 617.1508, Florida Staturation organized under the laws of the State of Florice or registered agent, or both, in the State of Floric	rida	
. 1. The name of t	be corporation: Dabur Ph	arma US, Inc.		
7. The principal	office eddress: 200 S. At	ndrews Ave., 713, Ft. Lauderdale, FL 3	3301	
z, i sie principar	Office address.			
3. The mailing a	ddress (if different): 200 S	Andrews Ave., 713, Ft. Lauderdale, F.	L 33301	
4. Date of incorp	poration/qualification: 03/2	7/2007 Document number: P0700003	38764	
	street address of the current timent of State:	registered agent and registered office on file with th	e .	
	Jeffrey Hampton		<u> </u>	
	200 S. Andrews Ave	, 713		et.
	Ft. Lauderdale, FL 3	3301	OB OCT 17	ene I
6. The name and (if changed):		gistered agent (if changed) and /or registered office	AM 9: 04 OF STATE E. FLORID	ר כ
	Corporation Service	Company		
	1201 Hays Street	NOT acceptable)		
	Tallahassee, FL 323	,		
The street address changed will	as of its registered office as	nd the street address of the business office of its re	gistered agent,	
		duly adopted by its board of directors or by an offi		
1 1 1/25-11	in of ty officer or director)	JEFFRGY L. HAMPTON (Princel or typed name instance)		
hereby accept further agree to be my duties, an document is bet corporation has	thelospointment as registe. to comply with the provision of a mile with and ac ang filed merely to reflect a been notified in writing of	red agent and agree to act in this capacity, as of all statutes relative to the proper and comple coept the obligation of my position as registered ag change in the registered office address, I hereby co this change.	te performance ent. Or, if this onfirm that the	
By: KW	tion Service Company	lo maria		
If signing on be	half of an entity:	tberly B. Moret		
J. WWW N	Sport of France Name)	is its agent FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)