P07736

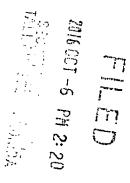
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(But	siness Entity Nai	me) .
(Doc	cument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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10/06/16--01028--022 **35.00



RARDICH8

OCT 11 2016 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: October 4, 2016

Order#: 313953-016

Re: SANOFI PASTEUR INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	hange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this, or attorior organized under the laws of the State of Delaware
	•	ffice or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: SANOFI P	ASTEURING.
2. The principa	al office address: Discovery I	Drive, Attn: Tax Department, Swiftwater, PA 18370
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 10/	14/1985 Document number: P07736
5. The name an		nt registered agent and registered office on file with the
,	C T Corporation System	
	1200 S. Pine Island Road	20 74:50
	Plantation, FL 33324	700 m
6. The name an (if changed):		egistered agent (if changed) and /or registered office
	Corporation Service Comp	pany.
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addr as changed will	ess of its registered office ar l be identical.	nd the street address of the business office of its registered agent,
Such change want of the such change was authorized by the such change with the such change was a	as authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
	tire of an office) or director	Printed or typed name and little:
I hereby accept I further agree Derformance of agent. Or, if th hereby confirm	demonstration and an amount of	Secretary red agent and agree to act in this capacity, as of all statutes relative to the proper and complete, re with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.
By: Sym	august	09/29/2016
v = v	mature of Registered Agent	Dafe,
-, ,,	t, Asst. Vice President	
	yped or Printed Name	

* * * 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 (03/12)