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To:

Division of Corporations

Fax Number : (850)617 6380

From:

Account Name : INCORF SERVICES INC

Account Number : 120120000007

Fax Number

Phone : (702)866-2500 : (702)366 2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ___documents@incorp.com

REGISTERED AGENT CHANGE NEW SOUTHERN FOOD DISTRIBUTORS, INC.

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H20000099784 3

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: NEW SOUTHERN FOOD DISTRIBUTORS, INC. Name of Corporation

DOCUMENT NUMBER: P08000109174

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Burgos

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

F.-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Burgos on behalf of InCorp Services, Inc. $_{\mathrm{at}}$ 800-246-2677

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR26045 (04/13)

850-617-6381

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Abandon



April 1, 2020

FLORIDA DEPARTMENT OF STATE

SUN PHARMACEUTICAL INDUSTRIES, INC. 270 PROSPECT PLAINS RD CRANBURY, NJ 08512

SUBJECT: SUN PHARMACEUTICAL INDUSTRIES, INC.

REF: F14000003492

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FAX Aud. #: H20000097041 Terri J Schroeder Regulatory Specialist III Letter Number: 420A00007117 Page: 3/3

Date: 4/2/2020 2:14:49 PM

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

statement of cha	nge is submitted for a co.	rporation organized	97.1508, or 617.1508, Flor Lunder the laws of the State agent, or both, in the State	• ofFL
1. The name of t	the corporation: NEW S	OUTHERN FOOI	DISTRIBUTORS, INC.	
2. The principal	office address: 601 S.V	V. 33RD AVENUE		
		FL 34474		
3. The mailing a	address (if different):			
4. Date of incoη	poration/qualification:	12/17/2008	Document number:	P08000109174
5. The name and		rrent registered agen	t and registered office on fi	le with the
	пі, zhoumin			
	601 S.W. 33Rd Aver	nue		
	Ocala, FL 34474			
6. The name and (if changed):	d street address of the ne-	w registered agent (f changed) and for registere	2020 APR -3
	InCorp Services, Inc			
	17888 67th Court No	orth		M 9: 58
		P.O. Box No) I acceptable	— 58 S
	Loxahatchee, FL 33	470		6
as changed wil	l be identical.		dress of the business office	
Such change wanthorized by t	as authorized by resolut the board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or bed in writing of the change	oy an officer so e.
A			ZhouMin Ni, President	
Signature of an officer or director Printed or typed no		Printed or typed name		
I further agree of my dulies, a document is be		issions of all statute ad accept the obliga at a change in the r	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	÷+		April 1, 2	2020
Si	gnanire of Registered Agenr		Dare	
If signing on b	ehalf of an entity:			
leabo	A Rurgoe on behalf of tr	nCorn Services II	nc	

Isabel Burgos on behalf of Incorp Services, Inc.

Typed 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 CICE045 (04/13)