## F06000001498

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| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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FALLAHASSEE. FLORIDA

APPROVED AND FILED

P.A. Change



| ON SERVICE COMPANY.                             |  |  |  |  |
|---|--|--|--|--|
| ACCOUNT NO. : 07210000032                       |  |  |  |  |
| REFERENCE : 357603 4723762                      |  |  |  |  |
| AUTHORIZATION: Spelle Bar.                      |  |  |  |  |
| COST LIMIT : \$\s^3.5.00                        |  |  |  |  |
| ORDER DATE : December 12, 2007                  |  |  |  |  |
| ORDER TIME: 10:36 AM                            |  |  |  |  |
| ORDER NO. : 357603-165                          |  |  |  |  |
| CUSTOMER NO: 4723762                            |  |  |  |  |
| ·   |  |  |  |  |
| <u>CHANGE OF AGENT</u>                          |  |  |  |  |
|   |  |  |  |  |
| NAME: BOC EDWARDS PHARMACEUTICAL SYSTEMS, INC.  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY           |  |  |  |  |
| CONTACT PERSON: Susie Knight                    |  |  |  |  |
| EXAMINER'S INITIALS:                            |  |  |  |  |

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

-37:0

| statement of cha  | nge is submitted for a corporation   | 617.0502, 607.1508, or 617.1508, Florida Statutes in organized under the laws of the State of ${f Delay}$ rregistered agent, or both, in the State of Florida.   | vare  |
|---|--|--|---|
| 1. The name of t  | the corporation: BOC EDWA  | ARDS PHARMACEUTICAL SYSTE  | MS, INC.  |
| 2. The principal  | office address: 575 Mountai  | n Avenue Murray Hill, NJ 07974   |   |
| 3. The mailing a  | address (if different):  |  |   |
| 4. Date of incorp   | poration/qualification: 03/08/2  | 006  | 498   |
|   | d street address of the current regirtment of State:   | stered agent and registered office on file with the  |   |
|   | CT Corporation System  |  |   |
|   | 1200 South Pine Island l   | Rd   |   |
|   | Plantation, FL 33324   |  |   |
| 6. The name and (if changed):                                       | <del>_</del>   | red agent (if changed) and /or registered office   | 07 DEC<br>SECRET                                |
|   | · · · · · · · · · · · · · · · · · · ·  | inpany ,   | HILI<br>19<br>ARY<br>ASSE                       |
|   | 1201 Hays Street (P.O. Box NOT)  | acceptable)  |   |
|   | Tallahassee, FL 32301  |  | 2: 06<br>STATE<br>LORIG                         |
| The street address changed will                                     | ess of its registered office and the be identical.   | e street address of the business office of its regis   | stered agent,                                   |
| Such change was authorized by the                                   |  | adopted by its board of directors or by an office been notified in writing of the change.  | er so   |
| - There   | ure of an officer or director)   | Elizabeth A. Dawson, Attorne (Printed or typed name and title)   | ey In Fact                                      |
| I further agree to of my duties, an document is bei corporation has | to comply with the provisions of<br>ad I am familiar with and accept<br>ing filed merely to reflect a chan<br>s been notified in writing of this | gent and agree to act in this capacity.<br>all statutes relative to the proper and complete<br>the obligation of my position as registered ager<br>age in the registered office address, I hereby con<br>change. | performance<br>nt. Or, if this<br>firm that the |
| By:   | tion Service Company   | 12/12/2007 (Date)  |   |
| If signing on be  | chalf of an entity:  | <b>(,</b>  |   |
|   | opet, Asst. VP   | _  |   |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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