

Boa 000000 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 JUN -5 PM 2: 11  
SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 12 2015  
J. HARRIS



CORPORATION SERVICE COMPANY

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: June 3, 2015

Order#: 609636-014

Re: OTTO BOCK HEALTHCARE LP

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: Grace Kirby  
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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. OTTO BOCK HEALTHCARE LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/04/2002 3. B02000000199  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

National Corporate Research, Ltd., Inc  
Name

515 East Park Avenue  
Address

Tallahassee FL 32301  
City, State and Zip

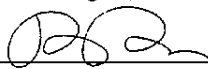
5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name

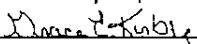
1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner Dona Priebe, VP on behalf of Otto Bock Healthcare U.S., Inc. .  
its gp

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*  
Corporation Service Company

By:   
Signature of Registered Agent Grace E. Kirby, Assistant VP

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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OFFICE OF THE CLERK OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA