

BO2000000199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275488125

500275488125
08/05/15--01014--003 **35.00

FILED
15 AUG -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2015
Y SULKER



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: August 3, 2015

Order#: 609636-014

Re: OTTO BOCK HEALTHCARE LP

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$35.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following:

Attn: Grace Kirby
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

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 Date of filing/registration in Florida
3. B02000000199 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 an accept the obligations of my position as registered agent.
Corporation Service Company

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

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

FILED
15 AUG -5 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

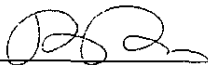
Corporation Service Company
Name

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

Tallahassee FL 32301
City, State and Zip

FILED
15 AUG -5 PM 3:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

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

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