F06000006499

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000269144320

02/09/15--01023--021 **35.00

15 FEB -9 PM 3: 20

SECRE FARY OF SIARE

216-15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 6, 2015

Order#: 483918-010

'Re: FISHER & PAYKEL HEALTHCARE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

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: Lindsey Lockard

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	e provisions of sections 607.050 cange is submitted for a corpord er to change its registered offic	tion organized under the	laws of the State of CA	<u> </u>	
1. The name of	the corporation: FISHER & PA	YKEL HEALTHCARE, IN	IC.		
=	office address: RANCA PARKWAY, IRVINE C	A 92618			
3. The mailing	address (if different):		-		
4. Date of incom	rporation/qualification: 10/12/2	006 Досште	nt number: F06000006499)	
	nd street address of the current r artment of State: (If resigned, er		ered office on file with the		
	HIQ CORPORATE SERVICE	S, INC.			
1574 VILLAGE SQUARE BOULEVARD, Suite 100					
	TALLAHASSEE	FL	_ 32309	55	S S
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					SION OF C
	Corporation Service Compar	у		PH သု	왕 왕 왕
1201 Hays Street					
		O. Box NOT acceptable	00004	20	<u> </u>
	Tallahassee		32301		
The street addr as changed wil	ress of its registered office and I be identical.	the street address of the l	business office of its regist	tered agen	ıt,
Such change wauthorized by t	vas authorized by resolution du the board, or the corporation has	y adopted by its board of s been notified in writing	f directors or by an officer g of the change.	so	
	Dona Priebe, Vice President				
higiliz	ure on office, et director	Pri	inted or typed name and title		
I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered to comply with the provisions f my duties, and I am familiar his document is being filed men that the corporation has been on Service Company	of all statutes relative to vith and accept the oblig ely to reflect a change in	the proper and complete ation of my position as reg the registered office addr	zistered ess, I	
Ву:	in lugger	02/05/2015			
~ *	gnature of Registered Agent		Date	_	
If signing on be	ehalf of an entity:				
Sylvia Queppe	et, Asst. Vice President	_			
7	Typed or Printed Name				

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