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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

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

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REGISTERED AGENT CHANGE GLOBUS MEDICAL, INC.

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GLOBUS MEDICAL, INC.
2. The principal	office address: 2560 General Armistead Ave
	Audubon PA 19403
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 05/29/2008 Document number: F08000002405
	street address of the current registered agent and registered office on file with the tment of State:
	Incorporating Services, Ltd.
	1540 Glenway Drive
	Tallahassee FL 32301
6. The name and (if changed):	Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee FL 32301 I street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Blan	Blanca Lozada, Attorney in Fact
	re of an office or director) (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bed corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Corporat	tion Service Company February 9, 2010
	guature of Rigilitered Agent) (Date)
If signing on be	half of an entity:
	Opet, Assistant VP (Sped or Printed Name)
1)	
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)