

F11000004713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

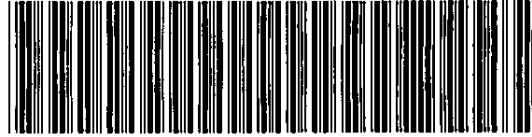
(Business Entity Name)

(Document Number)

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STATEMENT OF STATE  
TALLAHASSEE (FD-010)

SEP 16 2015  
C. CARROTHERS

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16 SEP 15 PM 2:01

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 292492 7446272  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

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ORDER DATE : September 15, 2016  
ORDER TIME : 12:58 PM  
ORDER NO. : 292492-005  
CUSTOMER NO: 7446272

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CHANGE OF AGENT

NAME: GALIL MEDICAL INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Galil Medical Inc.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Mattis  
(Name of Person)

BTG International Inc.  
(Firm/Company)

5 Tower Bridge, #800, 300 Barr Harbor Drive  
(Address)

West Conshohocken, PA 19428-2998  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Mattis at ( 610 ) 943-3534  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. GALIL MEDICAL INC.

(Name of alien business organization)

2. 11/22/2011

(Florida registration date)

3. F11000004713

(Florida document number)

4. 20-3916556

(FEI Number, if applicable)

5. 4364 ROUND LAKE RD ARDEN HILLS, MN 55112

(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

WARREN, TRACEY

1832 PELICAN COURT

NEPTUNE BEACH, FL 32266

7. New registered agent and/or office address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.

9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. Valerie Mattis  
(Signature of chairman, vice chairman, or officer)

11. Valerie Mattis, Secretary  
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Courtney Williams  
(Registered agent accepting appointment) Asst. Vice President 09.15.16  
(Date)

**FILING FEE: \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314**

FILED  
SEP 15 2016  
TALLAHASSEE, FLORIDA

2016 SEP 15 AM 6:22

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