

M08 000 005 324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

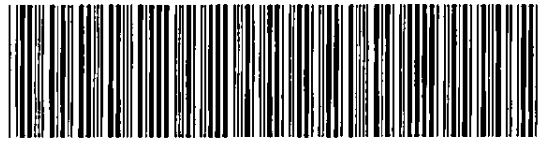
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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24 JUN 13 AM 5:43  
TALLAHASSEE, FLORIDA



MWE Corporate Services, LLC

1000 N. West Street, Suite 1400, Wilmington, DE 19801  
Tel +1 302 485 3907 Fax +1 302 351 8633 Email [MWECS@mwe.com](mailto:MWECS@mwe.com)

June 10, 2024

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: EBI, LLC – FL Officer Change

Dear Sir or Madam:

Please find enclosed a request to change the officers for EBI, LLC and obtain a certified copy.

Please have the entity updated and use the pre-paid FedEx label to return a certified copy to the following address.

Nicole Cortina  
McDermott Will & Emery LLP  
One Vanderbilt Avenue  
New York, NY 10017-3852

If you have any questions about this filing, please contact me at [Ncortina@mwe.com](mailto:Ncortina@mwe.com) or +1 929 563 7372.

Thank you.

Sincerely,

MWE Corporate Services, LLC

A handwritten signature in black ink, appearing to read 'las', written over a horizontal line.

By:

Name: Lori A. Sauselein

Title: Authorized Person

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: EBI, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)**

1 Gatehall Drive, Suite 303

Parsippany, NJ 07054

2. The Florida document number of this limited liability company is: M08000005324

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 12/08/2008

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

**Florida**

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  
 Revise the address of the current member and add three authorized persons.

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	EBI Medical Systems, LLC	10225 Westmoor Drive	<input type="checkbox"/> Add
		Westminster, CO 80021	<input checked="" type="checkbox"/> Remove
Authorized Person	EBI Medical Systems, LLC	1 Gatehall Drive, Suite 303	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
Authorized Person	Glen Kashuba	1 Gatehall Drive, Suite 303	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
Authorized Person	Rebecca Whitney	1 Gatehall Drive, Suite 303	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove
Authorized Person	George Montague	1 Gatehall Drive, Suite 303	<input checked="" type="checkbox"/> Add
		Parsippany, NJ 07054	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*/s/ Glen Kashuba*

Signature of the authorized representative

Glen Kashuba

Typed or printed name of signee

Filing Fee: \$25.00