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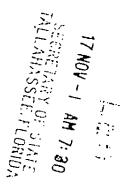
questor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: October 30, 2017

Order#: 888898-052

. Re: IMPLANTED PUMP MANAGEMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $XX_{\underline{}}$ Check in the amount of \$25___.

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: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: IMPLANTED	D PUMP MANAGE	MENT LLC
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wayne NJ 07470		
	12/10/2013	M13	000007790
3.	Date of filing/registration in Florida	4.	Document number
5. (a	n) NRAI Services, Inc.		
	Registered Agent and Registered Office shown on the records	s of the Florida Dept. o	of State:
	1200 South Pine Island Road		17 ALL
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	NOV -
	Plantation	FL 33324	SEE A 1
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	7: 30 STATE LORIDA
	1201 Hays Street		
	NEW Registered Office Address:		
			
	Tallahassee .	FL_32301	
the ch agent was/v the ar	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the operating agreement of the operating agreement of the operations.	s of the registered of liability company rs of the limited liability the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby descript the appointment as registered agent and a sions of all statutes relative to the proper and complobligations of my position as registered agent as provi rely reflect a change in the registered office address ed in writing of this change.	agree to act in this ete performance o ided for in Chapte , I hereby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
<u>ز</u>	Change to thinking		
Signat	ure of Registered Agent Corporation Service Compan	v BY: Grace F	. Kirby, Asst. Vice President