842413

(Requestor's Name)			
(Address)			
(Address)			
(Madiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
Certified Copies Certificates of Status			
Second testing to Siling Officer			
Special Instructions to Filing Officer:			

Office Use Only



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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: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: November 14, 2017

Order#: 908432-046

Re: MEDLINE INDUSTRIES, 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: Ashley Jiminez 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.

QUCA.XCOA



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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, thorganized under the laws of the State of ILLINOIS egistered agent, or both, in the State of Florida.	is
1. The name of	the corporation: MEDLINE INDUSTR	RIES, INC.	· · · · · · · · · · · · · · · · · · ·
	l office address: KSES DRIVE, NORTHFIELD, IL 600	093	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/18/1979	Document number: 842413	
	d street address of the current register entment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	CT CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD		¥
	PLANTATION	FL 33324 Flagent (if changed) and /or registered office	•
6. The name and (if changed):	d street address of the new registered		
	Corporation Service Company		PH 17: 16
	1201 Hays Street		σ.
	P.O. Box Tallahassee	NOT acceptable FL 32301	
The street addr	ess of its registered office and the st l be identical.	treet address of the business office of its registered	d agent,
Such change w	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so	
_ Xie	. E. agnie	Jill Cilmi, Vice President	<u>.</u>
I hereby accept I faither agree performance of agent. Or, if th hereby confirm Corporation	f my dúties, and Lam familiar with a	statutes relative to the proper and complete and accept the obligation of my position as registe reflect a change in the registered office address.	ered I
By:)	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Grace E. Kirby	, Asst. Vice President		
Т	vped or Printed Name		

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