F01000001203

(Requestor's Name)
(Address)
Address
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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OTOEC 10 AM 8: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OEC 173 2007

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cyberonics, Inc.	rporation)
DOCUMENT NUMBER: F01000001203	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Victor Alfano (Name of Cont	act Person)
(Alamo of Contra	act i discity
National Corporate Services	s, LLC
(Firm/Con	npany)
16055 Space Center Blvd., St	
(Addre	ess)
Houston, Texas 77062 (City/State and	Zip Code)
For further information concerning this matter, please ca	•
Victor Alfano (Name of Contact Person)	at (800) 862-5438 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \square or to change its registered office or registered agent, or both, in the State of Fl	E		_	
	the corporation: Cyberonics, Inc.	<i>31</i> 10104.			
	office address: 100 Cyberonics Blvd., Houston, TX 77058				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 2-22-01 Document number: F01000	001	203		
	d street address of the current registered agent and registered office on file with rtment of State:	the			
	CT Corporation System	<u>,</u>	TALI	07	
	1200 South Pine Island Road		AHA	330	
	Plantation, FL 33324		SSEE	DEC 10 AM	ורבט
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	e	CRETARY OF STATE	M 8: 39	
	NRAI Services, Inc.		A	•	
	2731 Executive Park Drive, Suite 4				
	(P.O. Box NOT acceptable) Weston, FL 33331				
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	regis	tered age	nt,	
_	as authorized by resolution duly adopted by its board of directors or by an energy of the corporation has been notified in writing of the change.				
(Signate	David S. Wise, Secretary Gre of an officer or director) (Printed or typed name and to	ile)		_	
I hereby accept I further agree of my duties, an document is bet 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 com and I am familiar with and accept the obligation of my position as registered in the registered office address, I hereby be been notified in writing of this change.	plete j ! agen y conf	performa it. Or, if i firm that i	nce his the	
(Si	gnature of Registered Agent) (Date)			_	
If signing on be	chalf of an entity:				
Victor Alfar					
(*	Typed or Printed Name)				

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