(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE8/7/2018		#WALK IN#
CVRERC	NNICS INC	777224 27
ENTITY NAME CYBERO	ordico, inc.	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
**P!	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON	<u>—</u>
NUMBER OF CERTIFICAT	ES REQUESTED	_
TOTAL OWED \$35.00	CHECK # 5128	_
Please call Tina at the	e above number for any issues or concerns. <b>Thank you</b> so	much!

## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJ	JECT: Cyberonics, Inc.  Name of Corporation	_				
DOC	CUMENT NUMBER:	<del></del>				
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted fo	r filing.				
Pleas	e return all correspondence concerning this matter to the following:					
	Name of Contact Person	_				
	Firm/Company	_				
	Address	_				
	City/State and Zip Code	_				
	E-mail address: (to be used for future annual report notification)					
For fi	urther information concerning this matter, please call:					
	Name of Contact Person at ()  Area Code & Daytime Te	lephone Number				
Enclo	osed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314	ter Circle				

CR2E045 (03/12)

# 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. ange is submitted for a corporation organized under the laws er to change its registered office or registered agent, or both,	of the State of DE	-	
	the corporation: Cyberonies, Inc			
2. The principal	office address: 12555 High Bluff Dr, Ste 310, San Diego, CA 92	2130		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 02/22/2001 Document nu	mber: F01000001203		
	d street address of the current registered agent and registered attention of State: (If resigned, enter resigned)	office on file with the		
	NRAI SERVICES, INC			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and (if changed):	d street address of the new registered agent (if changed) and //	or registered office	18 AUG -7	
	Universal Registered Agents, Inc.		7 AM	
	P.O. Box NOT acceptable	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	. <del>.</del> 6. 3	
	Tallahassee, FL 32304		ယ္	
The street address changed will	ess of its registered office and the street address of the busin be identical.	ess office of its registered age	nt.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of dire he board, or the corporation has been notified in writing of t	ctors or by an officer so he change.		
	/s/ Joanne Caswell - Authorized Person			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the plant my duties, and I am familiar with and accept the obligation is document is being filed merely to reflect a change in the that the corporation has been notified in writing of this chast the factorial agency.	rtyped name and tille s capacity, proper and complete of my position as registered registered office address, I nge.		
Sign	nature of Registered Agent	-O <sub>ate</sub>	-	
If signing on be	chalf of an entity:			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

#### LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Taylor Pollock, Secretary, of Cyberonics, Inc., has made and appointed, and by these presents does make and appoint Joanne Caswell of Continental Corporate Services, Inc. true and lawful attorney for her and in her name, place and stead, for the following specific and limited purposes of signing the documents required by the jurisdictions to change the registered agent and registered office for each of the entities on the attached list to Universal Registered Agents, Inc. Giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand this 31st day of July 2018

Taylor Pollock, Secretary

State of Texas

County of Harris

BEFORE ME, the undersigned authority, on this day personally appeared Taylor Pollock, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same as Secretary for Cyberonics, Inc., on behalf of said Delaware corporation.

GIVEN UNDER MY HAND and seal of office this 31st day of July, 2018.

Notary Public State of Texas

My Commission Expires: December 6, 2018

### List of Entities

Cyberonics, Inc.
LivaNova USA, Inc.
Caisson Interventional, LLC
Cyberonics Holdings LLC
ImThera Medical, Inc.
LivaNova Holding USA, Inc,
LivaNova, Inc.
LIVN US 1, LLC
LIVN US 3, LLC
LIVN US Holdco, Inc.
LIVN US, LP
CardiacAssist, Inc. d/b/a TandemLife
CardiacAssist Holdings LLC