

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

KYPHON INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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CT CORP

2/2/2008 95:11 8002/21/20

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT FOR CORPORATIONS				
statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati lange is submitted for a corporation organized under the laws of the State of <u>Del</u> t ler to change its registered office or registered agent, or both, in the State of Flori	aware	-	
1. The name of t	the corporation: KYPHON INC.			
	I office address: 1221 CROSSMAN AVE. SUNNYVALE CA 94089		-	
3. The mailing a	address (if different):		1	
4. Date of incom	rporation/qualification: 10/12/2001 Document number: F0100000532	29		_
	ed street address of the current registered agent and registered office on file with the trument of State:	je		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			
	TALLAHASSEE FL 32301-2525 US	ZS.	ا	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ECRE TA	8 FEB 1	2
	C T Corporation System	RY O	45	1
	c/o C T Corporation System, 1200 South Pine Island Road	OF S		,
,	(P.O. Box NOT acceptable) Plantation, Florida 33324	OR A	E	
-	ess of its registered office and the street address of the business office of its reliberation. as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		ıgant,	
(Signatur	Keyna F. Skeffington Uts of an optopor director) (Printed or typed manus and title)		-	
i hereby accept i I further agree to of my duties, and document is bein 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 completed I am familiar with and accept the obligation of my position as registered as ing filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change. Samantha Jones FEB 0 9 2008	te perfort sent. Or, onfirm th	monce if this at the	
By:	Accietant Secretary			
•	chalf of an entity:			
KYPHON INC.	Typed or Printed Name)			
*- 4	* * * FILING FEE: \$35.00 * * *			
NGA:	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	14		•

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FL004 - 09/14/2005 C T System Unline