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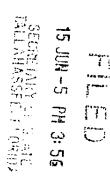
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Ra Chang



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: June 3, 2015

Order#: 609636-059

Re: OTTO BOCK HEALTHCARE U.S., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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
2711 Centerville Road, Suite 400

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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	C MN
1. The name of t	he corporation: OTTO BOCK HEA	LTHCARE U.S., INC.	
		ce Parkway, Suite 250, Austin, TX 787	27
3. The mailing a	ddress (if different): P O Box 203	910, Austin, TX 78720	
4. Date of incorp	poration/qualification: 06/04/2002	Document number: F02000	)002868
	street address of the current regist tment of State: (If resigned, enter r	rered agent and registered office on file vesigned)	with the
	National Corporate Research, Ltd	d., Inc.	_
	515 East Park Avenue		
	Tallahassee	FL 32301	<del>-</del>
6. The name and (if changed):	street address of the new registere  Corporation Service Company	ed agent (if changed) and /or registered of	office SECRET
	1201 Hays Street		- 75 P
	P.O. B. Tallahassee	ox NOT acceptable FL 32301	PH 3
		street address of the business office of	్రామ్ల ల్లా its registered agent,
authorized by th	ne board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	
00	re of an officer or director	Dona Priebe  Printed or typed name and to	Vice President
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered off	omplete on as registered
By: Drag	· Cokuble	June 3, 2015	
_	nature of Registered Agent	Date	
	half of an entity:		
Grace E. Kirby,	Assistant VP  yped or Printed Name		
•	/F		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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