F0300002455

| . (Re | equestor's Name) | | | | | |
|---|------------------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| • | | | | | | |
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Office Use Only



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2011 MAY IO PM 1: 14
SECRETARY OF STATE
TALLAHASSEE, PLORIDI

C. GOLDENMAY 1 1 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 8, 2018

Order#: 187069-199

Re: HEARTWARE, 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: Ami Casper 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 | provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or t | organized under the la | ws of the State o | f_Delaware |
|---|--|--|---|-------------------------------|
| 1. The name of | the corporation: HEARTWARE, IN | C. | | |
| 2. The principal | office address: 500 Old Connectic | ut Path, Building A, Fr | amingham, MA | 01701 |
| 3. The mailing a | address (if different): 710 Medtronic | c Parkway, LC300, Mii | nneapolis, MN | 55432 |
| 4. Date of incor | poration/qualification: 05/15/2003 | B Document | number: F0300 | 00002455 |
| | d street address of the current regist rtment of State: (If resigned, enter re | | ed office on file | with the |
| | C T Corporation System | | ~~ | 7 <u>8</u> 28 |
| | 1200 South Pine Island Road | | | LCC H ARR ARR A |
| | Plantation | FL | 33324 | FIL Y 10 NARY ASS |
| 6. The name and (if changed): | d street address of the new registere Corporation Service Company | d agent (if changed) an | nd /or registered | PM 1: 14 OF STATE E. ELORIDA |
| | 1201 Hays Street | | | _ |
| P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL | 32301 | |
| The street addr as changed will | ess of its registered office and the s | street address of the bu | isiness office of | its registered agent, |
| Such change w authorized by t | as authorized by resolution duly ad he board, or the corporation has be | opted by its board of c | directors or by a of the change. | n officer so |
| <u> </u> | 2. agni | Jill Cilmi, Vice I | President | titla |
| I hereby accept I further agree performance of agent. Or, if the hereby confirm | the appointment as registered age to comply with the provisions of all my duties, and I am familiar with his document is being filed merely t that the corporation has been notion on Service Company | int and agree to act in I statutes relative to th and accept the obligat o reflect a change in t fied in writing of this o | this capacity. he proper and co tion of my positi he registered of | omplete on as registered |
| By: | gnature of Registered Agent | 05/08/2018 | Date | |
| | chalf of an entity: | | | |
| Ami M. Casper | , Asst. Vice President | | | |
| 1 | vned or Printed Name | | | |

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