

F06000002542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

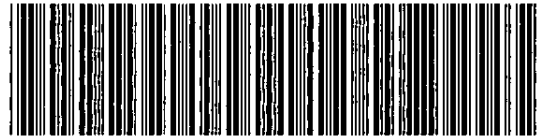
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*RA On 8/13/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAZOR SURGICAL TECHNOLOGIES INC.  
Name of Corporation

**DOCUMENT NUMBER:** F06000002542

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null  
Name of Contact Person

Incorp Services, Inc.  
Firm/Company

375 N. Stephanie St., Suite 1411  
Address

Henderson, NV 89014-8909  
City/State and Zip Code

janice.null@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null on behalf of Incorp Services, Inc. at ( 702 ) 866-2500 ext. 6505  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAZOR SURGICAL TECHNOLOGIES INC.
2. The principal office address: 4361 SHACKLEFORD ROAD, NORCROSS, GA 30093
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/24/2006 Document number: F06000002542

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Incorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

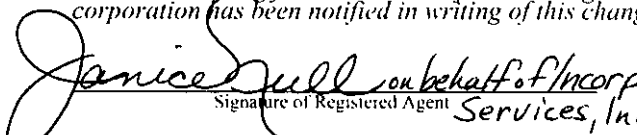
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

✓   
Signature of an officer or director

SHAMON LEVITA CFO  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 on behalf of Incorp Services, Inc.  
Signature of Registered Agent

7/29/09  
Date

If signing on behalf of an entity:

Janice Null on behalf of Incorp Services, Inc.  
Typed or Printed Name

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

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