

F0600002542

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
MAZOR SURGICAL TECHNOLOGIES INC.**

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

RECEIVED
2010 MAY 19 AM 8:00
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TALLAHASSEE, FLORIDA

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AND
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10 MAY 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
5/19/2010
TE

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 Shackelford 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:

Incorp Services, Inc.
17888 67th Court North
Loxahatchee FL 33470

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

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

SHARON 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.

Corporation Service Company
By: [Signature]
(Signature of Registered Agent)

May 19, 2010
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant VP
(Typed or Printed Name)

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