Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H12000191390 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
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 LOGAN TELEFLEX, INC.

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

Filectronic Filing Menu

Corporate Filing Menu

Help

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

statement of change is submitted for	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of Delaware ristered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	LOGAN TELEFLEX, INC.
2. The principal office address: 4620-C Proximity Dr.	
2. 110 principal cities address	Louisville, KY 40213
3. The mailing address (if differen	t):
4. Date of incorporation/qualificat	ion: 12/14/2004 Document number: F06000006722
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent and registered office on file with the state of the current registered office on file with the state of the current registered agent and registered office on file with the state of the current registered agent ag
NRAI Services	s, Inc.
515 Celtic Cou	irt 26 T
Tallahassee, Fl	1.32301
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
Corporation Se	ervice Company
1201 Hays Stre	
	(P.O. Box NOT acceptable)
Tallahassee, Fl	<u> 32301</u>
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by r authorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
Muse to	Maureen Cathell, Vice President
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar document is being filed merely to corporation has been notified in Corporation Service Com	
	- '
Signature of logistered Ap	gent) (Date)
If signing on behalf of an entity:	
Sylvia Queppet, Assistant Vic	e President
(v) post or i simula Hallisa)	+ + + TTT TAIC TOTE D. #9= 60 + + +

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