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| , (Re | equestor's Name) | | | | |
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| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | ısiness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Cassandra Neill cassandra.neill@cscglobal.com

Date: August 31, 2016

Order#: 275438-011

Re: LDR SPINE USA, 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: Cassandra Neill 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 | provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office | ion organized under the la | ws of the State of | Delaware | _ |
|---|--|----------------------------|--|---------------|-----------|
| 1. The name of | the corporation: LDR SPINE US | A, INC. | | | |
| | office address: 13785 Research | | TX 78750 | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | poration/qualification: | Document | number: | | |
| | I street address of the current reg tment of State: (If resigned, ento | | ed office on file w | rith the | |
| | CT Corporation System | | | | |
| | 1200 South Pine Island Road | | | TAL | |
| | Plantation | F L | 33324 | LAH | 6 SEF |
| 6. The name and (if changed): | street address of the new registe | | d /or registered of | NSSEE, FL | -6 PH 12: |
| | Corporation Service Company | | | RA | 1:2 |
| | 1201 Hays Street | | | . > | 9 |
| | P.O Tallahassee | Box NOT acceptable FL. | 32301 | | |
| as changed will | ess of its registered office and the be identical. Is authorized by resolution duly the board, or the corporation has | | | | gent, |
| Hlath | of Kidwell | Heather J. Kidw | rell | Vice Preside | эnt |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered a the appointment as registered a to comply with the provisions on my duties, and I am familiar wi s document is being filed merel that the corporation has been n n Service Company | reaut and some to get in t | d or typed name and tull his capacity. e proper and com of my position e registered offic hange. | | _ |
| By: Drace | | 08/30/2016 | | | |
| Sign | nature of Registered Agent | | Date | | _ |
| If signing on bel | nalf of an entity: | | | | |
| | Asst. Vice President | _ | | | |
| Ту | ped or Printed Name | | | | |

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

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

CR2E045 (03/12)