F/0000002377

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	·	·			





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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: Grace Kirby grace.kirby@cscglobal.com

Date: May 22, 2015

Order#: 609636-053

Re: OTTO BOCK HEALTHCARE NORTH AMERICA, 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: Grace Kirby 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, 617.0502 nge is submitted for a corporation organi, r to change its registered office or register	zed under the la	tws of the State of $\underline{ extstyle N}$	MN		
	he corporation: OTTO BOCK HEALTHCA	U	•			
	office address: 12365-B Riata Trace Park			,		
3. The mailing a	ddress (if different): PO Box 203910, Aus	stin, TX 78720				
4. Date of incorporation/qualification: 05/20/2010 Document number: F10000				02377		
	street address of the current registered ag tment of State: (If resigned, enter resigned	_	ed office on file wi	th the		
	National Corporate Research, Ltd., Inc.			was.		
	515 East Park Avenue			25 H		
	Tallahassee	FL	32301			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company		<u> </u>	TA RO		
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
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 wa authorized by th	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of of the field in writing of	directors or by an o of the change.	fficer so		
σ	26 2	Dona Priebe		VP		
Signatur	e of an officer or director	Print	ed or typed name and title	:		
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and o comply with the provisions of all statut my duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in Service Company	tes relative to th cept the obligat	ne proper and comp tion of my position	as registered		
By: May 21, 2015 Signature of Registered Agent Da						
Sigi	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
Grace E. Kirby,	Assistant VP					
Typed 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 * * *