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.

(((H110002993173)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email	Address	

1 DEC 22 AM 8: 03

REGISTERED AGENT CHANGE CAREFUSION 209, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

Division of Co	rporations					
SUBJECT:	CareFusion 209,	Inc.				
CODIECT.	Name of Cor	poration				
DOCUMENT NUMB	ER:P1000	00003095				
The enclosed Statemen	t of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all corresp	pondence concerning this matter to	o the following:				
	Name of Contr	act Person				
-	Firm/Company					
	Address					
	Verified 2					
	C-L-10	WHO Cooks				
	City/State and Zip Code					
E-n	pail address: (to be used for fut	ire annual report notification)				
	·	- -				
For further information	concerning this matter, please call	!:				
		at ().				
Name of	Contact Person	at (
Enclosed is a \$35.00 ch	eck made payable to the Departme	ent of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
		Amendment Section Division of Corporations				
	Division of Corporations P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

CR2E045 (8/05)

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

statement of change is	submitted for a co	rporation organiza	607.1508, or 617.1508, Florida ed under the laws of the State of ed agent, or both, in the State of l	DE
1. The name of the cor	poration: CareFusio	n 209, Inc.	·	
2. The principal office	address: 3750 TOF	REY VIEW CT S.	AN DIEGO CA 92130	
3. The mailing address	(if different): 3750	TORREY VIEW	OT SAN DIEGO CA 92130	
4. Date of incorporation	n/qualification:	07/09/2010	Document number;	F10000003095
5. The name and street Florida Department			nt and registered office on file wi	th the
CORE	ORATION SERVI	CE COMPANY	,	7.0
1201 1	HAYS STREET			
TALL	Ahassee FL 3230	01-2525		THAS
6. The pame and street (if changed):	address of the new	registered agent (if changed) and for registered of	<u> </u>
CTC	orporation System		·	
c/o C	T Corporation Syste	m, 1200 South Pin	s Island Road	- Er
		P.O. Box NOT or	cooptabile	
Planta	tion, Florida 33324			_
The street address of its changed will be ide	ts registered office	and the street ad	dress of the business office of it	ts registered agent,
Such change was authorized by the boar	orized by resolution, or the corporati	en duly adopted b on has been notif	y its board of directors or by an ied in writing of the change.	officer so
KN8-3	old		Kristin Boklen, Seco	etary
Zignature of an o			Proped or typed came and h	
		tered agent and a tions of all statute accept the obliga a change in the r of this change.	igree to act in this capacity, is relative to the proper and con dion of my position as registere egistered office address, I nere	nplete performance å agent. Or, if this by confirm that the
By: () CT Carpar	tion System		12/20/2011	
Signalury of	Agentered Agent	··· /	Date	
f signing on behalf of	an entity:	•		
James M.	Halpin			
Assistant De	SMS Playne			

11 BEC 22 PH IN 32

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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