

2016-11-01 15:19:35 CST

19542080845 From: Renee McGraw

F10000005199

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H160002701503)))



H160002701503ABCW

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

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

**Email Address:** \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
FACASSIST@FLORIDA.gov

2016 NOV -2 AM 12:00

FILED

RECEIVED

16 NOV -2 AM 7:29

**REGISTERED AGENT CHANGE  
BONESUPPORT INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 03 2016

C. CARROTHERS

**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: BONESUPPORT INC.  
 2. The principal office address: DEBON SCIENCE PARK,  
SCHBELEVAGEN 19 A LUND, SE 223-70 SE  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/30/2010 Document number: F10000005199

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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] \_\_\_\_\_ DEEER NAYHARE Treasurer  
 Signature of Director Printed or typed name of officer

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.

By Stefania Rocco Stefania Rocco  
 T Corporation System Vice President  
 Signature of Registered Agent

06/24/16  
 Date

If signing on behalf of an entity:

[Signature] \_\_\_\_\_  
 Printed or typed name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E045 (03/12)

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

2016 NOV -2 AM 12:00

FILED