Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number : (614)573-3996

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

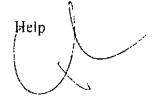
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REGISTERED AGENT CHANGE CMR SURGICAL INC.

	والمتعادية
Certificate of Status	0
Certified Copy	1
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.050 page is submitted for a corporation organ or to change its registered office or regist	nized under the laws of th	ne State of Delaware	_
1. The name of a	the corporation; CMR SURGICAL INC.			
2. The principal	office address: 1420 CELEBRATION BL	VD, MAILBOX 1307 CE	LEBRATION, FL 34747	<u> </u>
3. The mailing a	address (if different):			
4. Date of incorp	r: F18000002497			
5. The name and	I street address of the current registered a truent of State: (If resigned, enter resigne	agent and registered office		
	REGISTERED AGENTS INC.			
	7901 4TH STREET NORTH SUITE 300			
	ST.PETERSBURG, FL 33702			
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or re	egistered office	:
	1200 South Pine Island Road			i -
	P.O. Bo	n NOT acceptable		2
	Plantation, Florida 33324 ess of its registered office and the street be identical. as authorized by resolution duly adopte the board, or the corporation has been no			ent,
additionized by th	A Country of the corporation has been be			
Signatu	re of an officer of director	Printed or type	17 DIRECTOR	_
I hereby accept I further agree of my duties, an document is bei corporation has C T Corporation	the appointment as registered agent an to comply with the provisions of all state and I am familiar with and accept the ob- ing filed merely to reflect a change in the seen notified in writing of this change a System			ance this the
Sig	pature of Registered Agent	D	Date	_
If signing on bo	chalf of an entity:			
Eric Jensen				
'n	yped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: