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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 10, 2018

Order#: 187070-070

Re: MEDTRONIC XOMED, 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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.XCOA

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

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	organized under the la	rws of the State of		
1. The name of	the corporation: MEDTRONIC XON	MED, INC.			
2. The principal	office address: 6743 Southpoint Dr	ive North, Jacksonvil	lle, FL 32216		
3. The mailing a	address (if different): 710 Medtronic	Parkway, LC300, Mi	inneapolis, MN 5	55432	
4. Date of incor	poration/qualification: 10/16/1996	Document	number: F9600	0005402	
	d street address of the current registe rtment of State: (If resigned, enter re		red office on file v	with the	
	C T Corporation System			_	
	1200 South Pine Island Road				
	Plantation	FL	33324	HAY AWH 8	T !
6. The name and (if changed):	d street address of the new registered	l agent (if changed) ar	nd /or registered o	office(2) = i	
	Corporation Service Company			PR 3:	<u>ر</u>
	1201 Hays Street				
	P.O. Box	NOT acceptable	32301	-	
				_	
The street address changed will	ess of its registered office and the st be identical.	reet address of the bu	usiness office of	its registered agent	ι.
Such change wanthorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of on notified in writing	directors or by ar of the change.	ı officer so	
<u>Xiee</u>	2. agnie	Jill Cilmi, Vice			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notified Service Company	nt and agree to act in statutes relative to the and accept the obligation reflect a change in t	he proper and co tion of my position he registered offi	mplete on as registered	
By:	, m Lei	05/10/2018			
Sig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	, Asst. Vice President				
Т	yped or Printed Name				

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