## F98000005577

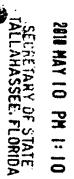
(Re	equestor's Name)				
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to	Filing Officer:				

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05/10/18--01024--010 \*\*35.00



C. GOLDEN MAY 11 2019



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 8, 2018

Order#: 187069-046

Re: COVIDIEN HOLDING 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.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporati r to change its registered office	on organized under the la or registered agent, or boo	ws of the State	of Delaware
<ol> <li>The name of t</li> <li>The principal</li> </ol>	he corporation: COVIDIEN HO office address: 15 Hampshire \$	LDING INC. Street, Mansfield, MA 020	048	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/06/19	998 Document	number: F980	00005577
	street address of the current reg tment of State: (If resigned, ento		ed office on file	with the
	C T Corporation System			
	1200 South Pine Island Road	<del></del>		— <b>Š</b>
	Plantation	FL	33324	2011
6. The name and (if changed):	l street address of the new regist	ered agent (if changed) an	nd /or registered	~~~ <del>~</del>
	Corporation Service Company			PH PH
	1201 Hays Street			I: 10
		). Box NOT acceptable	00004	<b>5 U</b>
	Tallahassee	FL	32301	<del></del>
The street addre	ess of its registered office and to be identical.	he street address of the bu	usiness office o	of its registered agent,
Such change wa	is authorized by resolution duly ne board, or the corporation has	adopted by its board of obeen notified in writing	directors or by of the change.	an officer so
Xie	2 GONIL	Jill Cilmi, Vice	President	
	re of an officer or director	Print	ed or typed name an	d title
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been in Service Company	f all statutes relative to th ith and accept the obligat ly to reflect a change in t	he proper and d tion of my posit he registered o	tion as registered
By: Ce	nature of Registered Agent	05/08/2018	Date	
	half of an entity:		Date	
Ami M. Casper	, Asst. Vice President			
	yped or Printed Name			

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