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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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2018 MAY 15 PH 3: 07

C. GOLDEN MAY 1 6 2018



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 11, 2018

Order#: 187070-133

Re: MINIMED DISTRIBUTION CORP.

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 ch | ange is submitted for a corporation | 17.0302, 607.1308, or 617.1308, Florida a organized under the laws of the State of registered agent, or both, in the State of | f Delaware | - |
|--|---|--|----------------------------|---------|
| 1. The name of | the corporation: MINIMED DISTR | BUTION CORP. | | |
| 2. The principa | office address: 18000 Devonshire | e Street, Northridge, CA 91325 | | |
| | | | | |
| 3. The mailing | address (if different): 710 Medtro | nic Parkway, LC300, Minneapolis, MN | 55432 | |
| 4. Date of inco | rporation/qualification: 06/30/1999 | 9 Document number: F9900 | 00003454 | |
| | nd street address of the current regis artment of State: (If resigned, enter i | tered agent and registered office on file resigned) | with the | |
| | C T Corporation System | · | _ | |
| | 1200 South Pine Island Road | | 2018 SEC TALL | |
| | Plantation | FL 33324 | MAY I | <u></u> |
| 6. The name an (if changed): | nd street address of the new registere | FL 33324 ed agent (if changed) and /or registered of | | |
| | Corporation Service Company | | 3: 07 STATE ORID | |
| | 1201 Hays Street | | _ | |
| | PO B Tallahassee | fox NOT acceptable FL 32301 | | |
| | | | | |
| The street addras changed wil | ress of its registered office and the l be identical. | street address of the business office of | its registered ager | nt. |
| Such change wantherized by t | as authorized by resolution duly ac the board, or the corporation has be | dopted by its board of directors or by ar een notified in writing of the change. | n officer so | |
| Xiee | 2. agnie | Jill Cilmi, Vice President | Jill Cilmi, Vice President | |
| I he reb y accep I furthér agree performance o agent. Or, if the hereby confirm | to comply with the provisions of a f my duties, and I am familiar with | Printed or typed name and a ent and agree to act in this capacity. It statutes relative to the proper and co and accept the obligation of my position to reflect a change in the registered off ified in writing of this change. | mplete on as registered | |
| By: Ce | inlei | 05/10/2018 | | _ |
| Sip | gnature of Registered Agent | Date | | |
| If signing on be | ehalf of an entity: | | | |
| <u>.</u> | r, Asst. Vice President | | | |
| ٦ | Typed or Printed Name | | | |

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