

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0000000 04211**

Endoscopic Technology, LLC

APPROVED  
AND  
FILED

01 SEP 28 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DIVISION OF CORPORATION

01 SEP 28 PM 3:32

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

9/28/01

Order#: 4619738

**100004616771--3**

-10/01/01--01003--010

Ref#:

\*\*\*\*\*35.00 \*\*\*\*\*25.00  
**25.00**

Amount: \$ \_\_\_\_\_

**DB**  
**9-28-01**

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Endoscopic Technology, LLC
2. The mailing address of the limited liability company is : 101 Pantan Road  
Vergennes, VT 05491

- April 10, 2000 L0000004211
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joel A. Melnick  
Name  
101 Pantan Road  
Address  
Vergennes, FL 05491  
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]  
(Signature of a member or authorized representative of a member)

Joel melnick  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

X [Signature]  
(Signature of Registered Agent)

AMY BERTELETTI  
**SPECIAL ASSISTANT SECRETARY**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314