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SECRETARY OF STATE

I'IS 1 4 2015 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 505 CORPORATE PA	505 CORPORATE PARK, LLC.				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.				
Please return all correspondence concer	ning this matter to the following:				
TINA AARON					
Name of Person	n .				
505 CORPORATE PARK, LLC.					
Firm/Company					
5601 POWERLINE ROAD #102-	103				
Address					
FT. LAUDERDALE, FL 33309					
City/State and Zip	Code				
TINA.AARON@STRYKER.COM					
E-mail address: (to be used for fut	ure annual report notification)				
For further information concerning this	matter, please call:				
TINA AARON	954 489-2321 X 237				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

STAT MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purs ant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company substitutes the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:505 CORPOR	ATE P	ARK, LLC	
2. (a)	, , ,	(b)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5601 POWERLINE ROAD #102-103		5601 PO	WERLINE ROAD #102-103
	FT. LAUDERDALE, FL 33309	_	FT. LAU	DERDALE, FL 33309
	12/16/2004	l	_0400009	0966
3.	Date of filing/registration in Florida	4.	,	Document number
5. (a)	RUSSO, FRANK M			
3. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A. 505 NW 65TH CT	DDRESS)		FEIL ED SECKETARY OF STATE FALLAHASSEE FLORE
	FT. LAUDERDALE , FL	33309		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·(b)	SAME AGENT			19 M T
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	26 ORIDA
	NEW Registered Office Address:			
	5601 POWERLINE ROAD #102-103			
	FT. LAUDERDALE , FL	33309		
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or propoperating agreement of the l	the regist bility con the limi imited li	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	e to act performa for in C ereby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

nonlinea in writing of this change.

Signature of Registered Agent