(Reque	estor's Name)			
(Addre	ss)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Biomet Florida Services, LLC						
	Name of L	imited	l Liabil	ity Comp	pany		
Dear Sir or Madam:							
The enclosed Registered	Agent/Registered O	ffice (Change	and fee(s) are submitted f	or filing.	
Please return all correspo	ondence concerning t	this m	atter to	the follo	owing:		
S	helley Horn			_			
Na	me of Person						
						至の	117
_							
	iomet, Inc.			_			Ä
Fir	m/Company					SE	CI NAMUUU
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Р	O. Box 587					# <u>#</u>	7
	Address			_		F STAT	PM 2: 0
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	saw, IN 46581			_			
City/St	ate and Zip Code						
Shelley.h	norn@biomet.com for future annual report no	otificatio	n)	_			
For further information of	oncerning this matte	er, plea	ise call	:			
Shelley I	-lorn	at (574	,	372-1542	,	
Name of Pers		. ar (Area Code	& Daytime Telephone l		—
STREET/COURI			MAILING ADDRESS:				
Registration Section			Registration Section				
Division of Corpor	ations		Division of Corporations				
Clifton Building 2661 Executive Ce	mton Cinalo		P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florid			l al	ianassee,	F10f10a 32314		
Enclosed is a cho	eck for the following	g amo	unt:				
✓ \$25 Filing Fee			55	55 Filing	Fee & Certified C	Сору	

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. Name of the limited liability company:	Biomet Florida Services, LLC				
2. (a) Principal office address of limited liability comp	pany: 4555 Riverside Drive				
(Note: MUST BE STREET ADDRESS)	Palm Beach Gardens, Ft. 33410				
(b) Mailing address of limited liability company:	Legal Department 20 2				
(Note: MAY BE POST OFFICE BOX)	P.O. Box 587				
11/11/2003	L0800002146455 75				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:				
Registered Agent:	Edward Sabin				
Registered Office Address:	4555 Riverside Drive Palm Beach Gardens, FL 33410				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Corporate Creations Network, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #221#				
	Palm Beach Gardens ,FL33410				
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. Signature of a member or authorized representative of a member					
Bradley J. Tandy, Manager Printed or typed name of signee					
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in merely reflect a change in the registered office apany has been notified in writing of this change. Hawk-Donohue, Special Secretary				
Signature of Registered Agent	• •				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00