L13000116472

Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
14 APR 23 AM 9:52
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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
NEXT WAVE SURGICAL, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 24 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXT WAVE SURGICAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl L. Copeland-Lewis
Name of Person

Covidien
Firm/Company

15 Hampshire Street
Address

Mansfield, MA 02048
City/State and Zip Code

Cheryl.Copeland@covidien.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva K Hackett at (617) 531-5825
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
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

INHS18 (2/14)

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14 APR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: NEXT WAVE SURGICAL, LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
15 Hampshire Street
Mansfield, MA 02048

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
15 Hampshire Street
Mansfield, MA 02048

3. 08/19/2013 Date of filing/registration in Florida

4. L13000116472 Document number

5. (a) LOPEZ, MICHAEL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3890 PARK CENTRAL BOULEVARD NORTH
POMPANO BEACH, FL 33064

(b) C T Corporation System
Enter name of *NEW Registered Agent and/or NEW Registered Office address:*

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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

JOHN W. KAPPLES
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 605, 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.

C T Corporation System
By:
Signature of Registered Agent

SYLVIA ARENTA-GRAY
SPECIAL ASSISTANT SECRETARY

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

INHS18 (2/14)

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