

L15000060093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

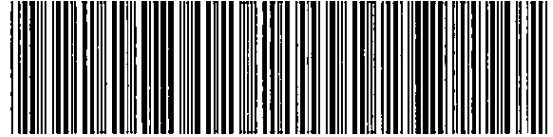
Certified Copies _____

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Special Instructions to Filing Officer:

J. HORNE
SEP 11 2024

Office Use Only



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FILED
2024 SEP 10 AM 9:13
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2024 SEP 10 PM 3:29
SECURITY
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext: x62969
Date: 09/10/24
Order #: 1619592-5
Re: TriMed Latin America LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the return address information.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: TRIMED LATIN AMERICA LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8333 NW 53 STREET, SUITE 450

DORAL, FL 33166

04/06/2015

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8333 NW 53 STREET, SUITE 450

DORAL, FL 33166

L15000060093

3. 04/06/2015 Date of filing/registration in Florida

4. L15000060093 Document number

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

DECASTELLI, DANIEL

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

8333 NW 53 STREET, SUITE 450

DORAL, FL 33166

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ David Medoff

Signature of a member or authorized representative of a member

David Medoff, Authorized Person

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

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

FILED
2024 SEP 10 AM 9:14
TALLAHASSEE, FL
STATE