

Division of Corporations

Page 1 of 1

MO1 000000131

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000215868 3)))



H130002158683ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 27 AM 8:21

FILED

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

Email Address: _____

**REGISTERED AGENT CHANGE
CARDIOM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SEP 30 2013

T CLINE

RECEIVED

13 SEP 27 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CardioCom, 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:

Anne Ziebell

Name of Person

Medtronic, Inc.

Firm/Company

710 Medtronic Parkway

Address

Minneapolis, MN - 55432-5604

City/State and Zip Code

mary.jo.j.holupchinski@medtronic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Ziebell

Name of Person

at (763)

505-2916

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 (5/08)

FD-011 - 05/20/2012 Webform Kiosk Output

FILED
2013 SEP 27 AM 08 22
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 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: CardioCom, LLC
2. (a) Principal office address of limited liability company: 7980 Century Blvd.
(Note: MUST BE STREET ADDRESS) Chanhassen, MN 55317
- (b) Mailing address of limited liability company: 7980 Century Blvd.
(Note: MAY BE POST OFFICE BOX) Chanhassen, MN 55317
- 01/17/2001
 3. Date of filing/registration in Florida
4. Document number M01000000131
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: Louis C. Cosentino
 Registered Office Address: 170 Celestial Way, Unit 4-4
Juno Beach FL 33408
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: CT Corporation System
NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) 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.

Jeanne Nelson
 Signature of a member or authorized representative of a member

Jeanne Nelson
 Printed or typed name of signer

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.

By: CT Corporation System
 Signature of Registered Agent Michele Miller
Assistant Secretary

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

FILING FEE: \$25.00

INHS18 (05/08)