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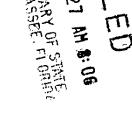
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J. BRYAN

SEP 28 2011

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT:	
	Name of	Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the following:
		ill on the second
	Nune of Person	SEP 27 AM S. OF STATE
<u>_</u>	Firm/Company	
	•	To the second se
<u> </u>	Address	
_	City/State and Zip Code	
£	brabant@medline.com	
E	mail address: (to be used for future annual report)	notification)
For fu	rther information concerning this matt	
	Name of Person	at (
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building		P.O. Box 63:27
	2661 Executive Center Circle Tallahussee, Florida 32301	Taliahassee Florida 32314
	Enclosed is a check for the following	ng amount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18	(5/08)	

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: MEDLINE ORLA	ANDO LLC		
2. (a) Pr	rincipal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	ONE MEDLINE PLACE MUNIDELEIN IL 60060	¥ 0 0	
(b) M	failing address of limited liability company:			
G	Note: MAY BE POST OFFICE BOX)	ONE MEDLINE PLACE MUNIDELEIN IL 60060	7.7	
05/22/2006	5	M06000002830	<u>स्ट</u>	
3. Date o	of filing/registration in Florida	4. Document number	Fi.	
	Registered Agent and Registered Office shown on egistered Agent:	the records of the Florida Dept. of State: NRAI SERVICES, INC.		
	egistered Office Address:	515 E. PARK AVENUB TALLAHASSEE FL 32301 US		
N	EW Registered Agent: EW Registered Office Address:	C T Corporation System 1200 South Pine Island Road		
_		1200 South Pine Island Road		
<u> </u>	MUST BE FLORIDA STREET ADDRESS)			
		Plantation	,FL_33324	
confirmed and the bi liability c of the me or the ope	ited fiability company is not organized under the left after the change or changes are made, the Fusiness office of the registered agent will be ident ompany it is hereby confirmed that the change(s) in the first of the limited liability company or as other craims agreement of the limited liability company	lorida street address of the re	gistered office	
Jam	of the first or substituted representative of a member On the first of the first o	tative		

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