M0600000 4990

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bı	usiness Entity Nar	me)			
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ALL AHASSEE, FLORIDA

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 11, 2018

Order#: 187070-286

Re: SPINALGRAFT TECHNOLOGIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

. 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.	Na	me of the limited liability company: SPINALGRAF	T TECHNO	LOGIES, LLC
7	(a)	4340 Swinnea Road	(b)	710 Medtronic Parkway
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Memphis. TN 38118		Minneapolis, MN 55432
		09/11/2006		M06000004990
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
J.	(4)	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
		Plantation . F	L 33324	2010 MAY 15
	(b)	Corporation Service Company		
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addr	re e
		1201 Hays Street		The state of the s
		NEW Registered Office Address:		03 210 210
		Tallahassee , F	1_ 32301	
th ag w;	e cha ent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members classof organization or the operating agreement of the control of	of the regist liability con of the limit e limited lia	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
_	Signal	tipe of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
pr th to	ovisi e obl mere	or accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as proviagly reflect a change in the registered office address. If in writing of this change	gree to act i fe performal led for in Ch I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed after that the limited liability company has been
S	gnatu	re of Registered Agent Corporation Service Company	BY: An	ni M. Casper, Asst. Vice President