

#108000002627

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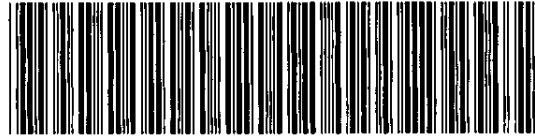
(Business Entity Name)

(Document Number)

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DATE: 1/13/14

NAME: KINEX MEDICAL COMPANY, LLC

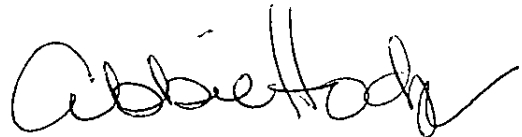
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kinex Medical Company, 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:

Leann Wilhelm
Name of Person

Kinex Medical Company
Firm/Company

1801 Airport Road, Suite D
Address

Waukesha, WI 53188
City/State and Zip Code

licensing@kinexmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leann Wilhelm at (800) 845-0364 x 7338
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

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

Pursuant to the provisions of sections 605.0114, 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: Kinex Medical Company, LLC

2. (a) Principal office address of limited liability company: 1601 Airport Rd Ste D
(Note: **MUST BE STREET ADDRESS**) Waukesha WI 53188

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

06/04/2008 08000002027

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: GT Corporation System

Registered Office Address: 1200 South Pine Island Rd
Plantation FL 33324

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

NEW Registered Agent: National Corporate Research, Ltd.

NEW Registered Office Address: 155 Office Plaza Dr
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee FL 32301

FL

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.

Sean Wilhelm
Signature of a member or authorized representative of a member

Leann Wilhelm
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 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.

Charles M. M.
Signature of Registered Agent

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

INHS18 (12/13)

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