10800005206

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600294452306

17 JAN 18 AH 8: 39

17 JAH 18 PH 4: 57

J. HARRIS



NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dallas • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Account#: 120000000088

Date: 01/18/2017
Name: Marisa Kugelmann
Reference #: M086311
ENTITY NAME: NEURAL WATCH, LLC
Articles of Incorporation/Authorization to Transact Business
Amendment
Annual Report
Change of Agent
Reinstatement
Conversion
Merger
Dissolution/Withdrawal
Fictitious Name
Other:

\$25.00

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301 Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

Website: www.nationalcorp.com

COVER LETTER

TO: Registration Section Division of Corporations										
SUBJECT:	NEURA	AL WA	ΓCH, LL	.c						
Na	Name of Limited Liability Company									
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Of	fice Cha	nge and	fee(s) ar	re submitted for filing.						
Please return all correspondence concerning the	nis matte	er to the	followin	g:						
Vikki Saeteurn				·						
Name of Person										
National Corporate Research	ı, Ltd.									
Firm/Company	·									
1325 J. Street Suite 155	0									
Address										
Sacramento, CA 95814				·						
City/State and Zip Code										
tax@nuvasive.com										
E-mail address: (to be used for future and	ual repo	ort notifi	cation)							
For further information concerning this matter	, please	call:								
Vikki Saeteurn	at (_	866)	625-0837						
Name of Person			Area C	ode & Daytime Telephone Number						
STREET/COURIER ADDRESS:		МА	JI ING	ADDRESS:						
Registration Section	MAILING ADDRESS: Registration Section									
Division of Corporations	Division of Corporations									
Clifton Building	P.O. Box 6327									
2661 Executive Center Circle	Tallahassee, Florida 32314									
Tallahassee, Florida 32301			•	•						
Enclosed is a check for the following	amoun	t:								
☑ \$25 Filing Fee		□ \$5	5 Filing	Fee & Certified Copy						
INHS18 (2/14)										

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	ame of the limited liability company:	NEURAL	WATCH, LLC		··	
2.	(a)	10420 Little Patuxent Parkway, #250	(t	o)	7475 Lusk Blvd	i.	
	` ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (failing address of limited lial (Note: MAY BE POST OF		
		Columbia, MD 21044	~		San Diego, CA 92	121	
•		11/26/2008			M08000005206		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:		
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	2			
		1200 SOUTH PINE ISLAND ROA	ND.				
		PLANTATION, , FL_	3	3324		<u>_</u>	
	L	National Corporate Research, Ltd., Ir	ne				
((b)	Enter name of NEW Registered Agent and/or NEW Registered O		dress:		22	
						2	(1) (2)
		115 North Calhoun Street, Suite 4	<u>. </u>			ထု	
		NEW Registered Office Address:				ဒီ၅	
		, FL	3:	2301			
the age was the	chai nt w /we artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the real indication of the case of a Florida limited liable authorized by an affirmative vote of the members of the soft organization or the operating agreement of the linear of a member or authorized representative of a member	ne regis ility co the lim mited l	stered office ompany, it is ited liability iability comp for Statusky, Assistant	and the business office hereby confirmed that t company or as otherwi- pany. Secretary of Nuverive Clinical Services B	of the the the char se prov	registered nge(s) vided in
		,			Printed or typed name of sign		
pro the to n	visio obli tere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided fly reflect a change in the registered office address, I here in writing of this change. Vikki Sactet	erforma for in C reby ca	ince of my d hapter 605, infirm that th	uties, and I am familiar F.S. Or, if this docume he limited liability comp	with a ent is be eany ha	nd accept eing filed es been
Sign	atur	e of Registered Agent	um, Ass	istant Secretary	y of National Corporate Res	earch, Li	td. Inc.