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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.

(((H120003030073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

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

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Ċ	dress:	dress:	dress:	dress:

## LLC REGISTERED AGENT CHANGE TROPICAL-DULL, L.L.C.

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25,00

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

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https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION

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## COVER LETTER

O: Registration Section Division of Corporations			
UBJECT: TROPICAL-DULL, L.L.C.			
Name of	Limited Liability Company		
ear Sir or Madam:			
he enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.		
ease return all correspondence concerning	this matter to the following:		
Name of Parson			
Statish As I manil	15 P		
Firm/Company			
, and company			
Aédross	SEE		
	SECRETARY OF STATE SECRETARY OF STATE ORIT		
City/State and Zip Code			
B-mail address: (to be used for future annual report n	notification)		
r further information concerning this matte	er, please call:		
	_at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Dististon of Compositions	P.O. Box 6327		
Division of Corporations Clifton Building	P.O. BOX 0327		
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		

12/27/2012 18:40 8656336092

KCI CORPORATION

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

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in a agent, or both, in the State of Florida.	8.508, Florida Statutes, the undersigned limited order to change its registered office or registered
1. Name of the limited liability company: TROPICAL-D	OULL, L.L.C.
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO IL 60606
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO IL 60606
07/30/2009	M09000002930
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	CHICAGO IL 60606  M09000002930  4. Document number on the records of the Florida Dept. of State: F  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  C T Corporation System
NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	Plantation FL 33324
f the limited liability company is not organized under the confirmed that after the change or changes are made, the und the business office of the registered agent will be ide iability company, it is hereby confirmed that the changes he members of the limited liability company or as other he operating agreement of the limited liability company.  Sharlin Aldao, Manager  Friend or typed name of signes  Thereby accept the appointment as registered agent and omply with the provisions of all statutes relative to the production of my chapter olds, F.S. Or, if this document is being filled to didress, I hereby confirm that the limited liability company	Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
C I Communication assign ( ) ( ) Kinstill	ny has been notified in writing of this change.  n Bolden nt Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

INH\$18 (05/08)

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