## MIRDOON80

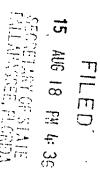
(Requestor's Name)				
(Address)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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AUG 1 9 2015 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 14, 2015

Order#: 746332-154

Re: BIOMET TRAUMA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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
2711 Centerville Road, Suite 400

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.

QUCA.XCOA

15 AUG 18 PN 4: 37

## 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.

2. (a)	56 E. Bell Drive	(b) P.O. BOX 587			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (")	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		LE	EGAL DEPARTMENT		
	Warsaw, IN 46582	WARSAW, IN 46581			
	03/07/2011	M1	11000001180		
3.	Date of filing/registration in Florida	4.	Document num	nber	
5. (a)	Corporate Creations Network, Inc.				
. ,	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:		
	11380 PROSPERITY FARMS ROAD #221E				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del> _	<b>一</b>	
	Palm Beach Gardens , FL	. 33410			
(b)	Corporation Service Company			RY OF SI	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	:	#: 37 	
	1201 Hays Street			•	
	NEW Registered Office Address:		der Germanne gallige species g		
			<del></del>		
	Tallahassee , FI	, 32301	<del></del>		
the cha agent v was/we the aft	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the registered ability company of the limited	d office and the busine my, it is hereby confirm liability company or as	ss office of the registered ned that the change(s) s otherwise provided in Suretary of Biomet V, S Nember	
provisi the obl to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I do not writing of this change.  The of Begistered Agent Corporation Service Company	performance d for in Chap hereby confir	his capacity. I further of my duties, and I am ter 605, F.S. Or, if thi m that the limited liabi a Queppet, Asst. Vic	n familiar with and accept s document is being filed ility company has been	

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