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(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
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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 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: ORTHO	PRO, LL	.C				
2	(a)	1023 Cherry Road		(b) 1023 Cherry Road				
	(/	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) c/o Wright Medical Technology, Inc Attn. Tax Department Memphis, TN 38117				
		Memphis TN 38117	<u>, </u>					
		05/02/2012		M12000	002488			
3.		Date of filing/registration in Florida		4.	Document number			
_		Northwest Pagistared Agent II C						
5.	(a)	Northwest Registered Agent LLC Registered Agent and Registered Office shown on the re	ecords of th	ne Florida Dent, of Sta	—			
			Judius of th	io i fortai izept. or ote	ne.			
		3111 W. Dr. MLK Blvd. Registered Office Address (MUST BE FLORIDA S	TDEET A	DDBECC)				
		Ste 100-B180						
		Tampa	, FL	33607				
(,		_			
	(b)	Corporation Service Company						
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			16			
					A PO			
		1201 Hays Street			· ,			
		NEW Registered Office Address:			= <u> </u>			
		-						
		Tallahassee	121	32301	39			
		Tananassee	, FL_	32301				
the ag	e cha ent v s/we	imited liability company is not organized under inge or changes are made, the Florida street add will be identical. Or, in the case of a Florida line ere authorized by an affirmative vote of the men- icles of organization or the operating agreemen	dress of t mited lial embers of	the registered office bility company, it the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in			
	_	Mauren Cathell		Maureen Cath	nell, Authorized Person			
5	Signa	ture of a member or authorized representative of a member	er		Printed or typed name of signee			
pro the to	ovisi e obl mere	by accept the appointment as registered agent ons of all statutes relative to the proper and continuous of my position as registered agent as pely reflect a change in the registered office add the writing of this change.	and agre omplete p provided dress, I he	te to act in this cap performance of my for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been			
Si	gnatu	re of Registered Agent Corporation Service Com	npany	BY: Grace E. K	irby, Assistant Vice President			

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)	1023 Cherry Road	1023 Cherry Road		(b)	1023 Cherr	y Road			
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
				c/o W	/right Medical	Technology, I	nc Attr	n. Tax D	epartment
	Memphis TN 38117				Memphis, TN 38117				
	wempins		30117		меттриз, тт	¥ 30 17			
	05/02/2012			١	M120000024	88			
3.	Date of filin	g/registration in F	lorida	4.	Doe	cument numb	er		
5 (0) Northwest Registe	ered Agent I.I.C.							
5. (a	Registered Agent and Re	_	on the records o	f the Florida Do	ept. of State:				
		-			ī				
	3111 W. Dr. MLK E		DINA STREET	ADDRESS)					
	Registered Office Address	is <u>[MOSTBLTLE</u>	KIDA SI KLLI	ADDRESS]					
	Ste 100-B180	·						중	
	Tampa		F	L 33607				25	
	<u> </u>		, •	- <u></u>			• :	ಸ್ —	
(b)	Corporation Service	Company					4.	Çī	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>			d Office addre	<u>ss</u> :		. *	₹.	7
								ĽΣ	e la company
	1201 Hays Street							C.D	
	NEW Registered Office Address:							လ	
	Tallahassee		, F	L 32301					
			,						
	limited liability compa lange or changes are m								
agent	will be identical. Or, i	n the case of a Flo	orida limited l	iability com	pany, it is hei	reby confirme	ed that t	he chan	ge(s)
	vere authorized by an a ticles of organization o						otherwi	se provi	ded in
ine un	MA	Out al	recinent or the		•	•			
Sign	ature of a member or author	ized representative of	a member	Maure		uthorized Per		nee	
-	eby accept the appoint	•		raa to act in		••	Ū		with the
provis	sions of all statutes rel	ative to the proper	and complete	performan	ce of my dutie	es, and I am j	amiliar	with an	d accept
to mei	sions of all statules rela oligations of my position rely reflect a change in	n as regisierea ag the registered of	ieni as proviai fice address, l	ea jor in Che hereby conf	ipier ous, r irm that the i	s. Or, ij inis limited liabili	аосите ty сотр	nt is be any has	ing jilea Sbeen
notifie	ed in writing of this ch	inge		•				•	
	Dirac		co Company		ce E. Kirby,				



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 13, 2016

Order#: 083991-004

Re: ORTHOPRO, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith 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