M120000 7183

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 8, 2018

Order#: 187069-324

Re: MEDTRONIC LOGISTICS 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

251 Little Falls Drive 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

* 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.

		me of the limited liability company: MEDTRONIC LO	GISTIC	SLLC	
2. (a	ı) .	710 Medtronic Parkway, LC300 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Minneapolis, MN 55432	-		
		12/20/2012	-	M120000	07183
3.		Date of filing/registration in Florida	4.		Document number
5. (a	a)	C T Corporation System			
\	•	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- 2:
		1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				- 22. 28
					2018 (SEC Alle
		Plantation , FL_	33324		MAY 10 PM 4: 3: CRETARY OF STATE AHASSEE, FLORID
(1		Comparation Consults Consults			TA TO
(1)	·) .	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	Office add	PASE.	PH 4:
		and him of the state of the sta	11100 400		ATE ORIDE
		1201 Hays Street			
		NEW Registered Office Address:			•
				· · · · · · · · · · · · · · · · · · ·	
		Tallahassee , FL	32301		
the cl agent was/\	hai t w we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of class of organization or the operating agreement of the liability.	he regist vility cou the limi mited li	tered office mpany, it is ted liability ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Sign	nan	of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me notifi	sic bli ere ed	e of Registered Agent Corporation Service Company	erforma for in C creby co	ince of my inhapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been per, Asst. Vice President
		Corporation Service Company	۲. Al	m ivi. Cas	por, Asst. vice i resident

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