

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : CORPORATE ACCESS, INC.
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 DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
KARL STORZ ENDOSCOPIA LATINO AMERICA
INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Jul/KG

RA/RO/chg
@ 12/29/11

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATED
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/26/1986 Document number: M27891
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

RIEPP, JURGEN

815 NW 57 AVE, SUITE # 480

MIAMI FL 33126 US

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

PARACORP INCORPORATED

236 EAST 6TH AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Jeanne Mclaughlin
Signature of an officer or director

JEANNE MCLAUGHLIN TAX OFFICER
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

*SEE ATTACHED

Signature of Registered Agent

Date

If signing on behalf of an entity:

PARACORP INCORPORATED
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

DATE: December 28, 2011

ENTITY NAME: KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATED

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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