

P 3 0061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

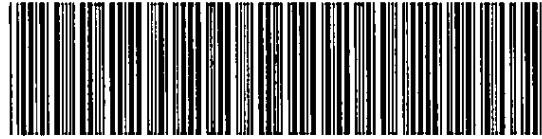
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/15/18--01030--012 **35.00

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2018 MAY 15 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 16 2018



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 11, 2018

Order#: 187070-342

Re: UNITED STATES SURGICAL CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

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 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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNITED STATES SURGICAL CORPORATION

2. The principal office address: 555 Long Wharf Drive, New Haven, CT 06511

3. The mailing address (if different): 710 Medtronic Parkway, LC300, Minneapolis, MN 55432

4. Date of incorporation/qualification: 06/29/1990 Document number: P30061

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)

C T Corporation System
1200 South Pine Island Road
Plantation FL 33324

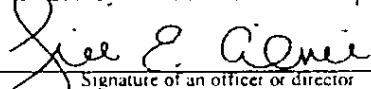
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
P.O. Box, NOT acceptable
Tallahassee FL 32301

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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.


Signature of an officer or director

Jill Cilmi, Vice President
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.

Corporation Service Company
By: 
Signature of Registered Agent

05/11/2018
Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President
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 (03/12)