## P34167

(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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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: July 8, 2020

Order#: 335081-028

Re: KCI USA, INC.

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

statement of char	provisions of sections 607.0502, 617.050. The is submitted for a corporation organ To change its registered office or registe	ized under the laws of the State of Dela	ware
1. The name of the	he corporation: KCI USA, INC.		
2. The principal	office address: 12930 W. Interstate 10,	San Antonio, TX 78249-2248	
3. The mailing a	ddress (if different): PO Box 659508, Sa	an Antonio, TX 78265-9508	
	oration/qualification: 06/03/1991		
5. The name and	street address of the current registered at tment of State: (If resigned, enter resigne	gent and registered office on file with the	
	C T Corporation System		2025 Jun
	1200 South Pine Island Road		10
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	address of the business office of its reg	istered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors or by an offic tified in writing of the change.	er so
Xiel (	<sup>e</sup> Come	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent an o comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.  ServicesCompany	utes relative to the proper and complete igation of my position as registered age e registered office address, I hereby co	eperformance int. Or, if this nfirm that the
By: Cei	mley	07/08/2020	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
••	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)