19542080845 From: Ranae McGraw

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H170000964573)))



H170000964573ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN DEPUY ORTHOPAEDICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

APR 1 0 2017

T. LEMIEUX

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

P37346	
(Document numb	er of corporation (if known)
1 Depuy Orthopaedics, Inc.	
* <u> </u>	rs on the records of the Department of State)
- > "	
2. Indiana (Incorporated under laws of)	3. 02/03/1992 (Date authorized to do business in Florida)
en	ECTION H
	Y THE APPLICABLE CHANGES)
4 *0.4	'
4. If the amendment changes the name of the corporat	ion, when was the change effected under the laws of
its jurisdiction of incorporation? 01/02/2017	
Medical Device Business Services, Inc. (Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new research.)	suffix "corporation," "company," or "incorporated," or name of the corporation)
(If new name is unavailable in Florida, enter alternations business in Florida)	te corporate name adopted for the purpose of transacting
5. If the amendment changes the period of duration, in	ARE & T
(N	ew duration)
7. If the amendment changes the jurisdiction of incorp	<u> </u>
	w jurisdiction)
8. Attached is a certificate or document of similar imp 90 days prior to delivery of the application to the D having custody of corporate records in the jurisdicti	port, evidencing the amendment, authenticated not more than epartment of State, by the Secretary of State or other official on under the laws of which it is incorporated.
C SCURC	esident or other officer - if in the hands
of a receiver or other cour	t appointed fiduciary, by that fiduciary)
Lacey P. Elberg	Asst. Secretary (Title of person signing)
(Typed or printed name of person signing)	(title of helgon signarity)

State of Indiana Office of the Secretary of State

Certificate of Fact

To Whom These Presents Come, Greeting:

I, CONNIE CANSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MEDICAL DEVICE BUSINESS SERVICES, INC.

filed articles of amendment on January 2, 2017, changing their name from DEPUY ORTHOPAEDICS, INC. . to MEDICAL DEVICE BUSINESS SERVICES, INC.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 24, 2017

CONNIE LAWSON SECRETARY OF STATE

1991110416 / 2017261454

Verify this certificate: https://bsd.sos.in.gov/ValidateCertificate