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| Special Instructions to | Filing Officer | |
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R. Matria

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| Date: | 2/10/17 ACCT. 120160000072 | W |
|---------------------------------------------------------------------------------------|------------------------------------------|----------|
| Name: | Medela, Inc | |
| Document #: | | |
| Order #: | 10332007 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
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Thank you!

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| | (Name of Corporation) | | |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|
| | (ivaline of Corporation) | | |
| | | | |
| | P39335 (Document Number of Corporation (if known) | _ | |
| | (Document Number of Corporation (it known) | | |
| | | | |
| | Delaware (Incorporated Under Laws of) | | |
| | (morpotato onati dans or, | | |
| | orporation is no longer transacting business or conducting affairs within the State of arily surrenders its authority to transact business or conduct affairs in Florida. | `Florida aı | nd here |
| point | orporation revokes the authority of its registered agent in Florida to accept services the Department of State as its agent for service of process based on a cause of a e it was authorized to transact business or conduct affairs in Florida. | | |
| C tilli | t it was authorized to transact outsiness of conduct arrains in Florida. | - · · · · · · · · · · · · · · · · · · · | 7 [|
| he fol | lowing is a current mailing address for the corporation: | | #3 |
| | | -Ai ¹ | ဃ |
| | 1101 Corporate Drive | | |
| | (Mailing Address) | | |
| | | | 75 |
| | | | BE |
| | McHenry, IL 60050 | | |
| | McHenry, IL 60050 (City/ State /Zip) | · · | |
| | McHenry, IL 60050 (City/ State /Zip) | · , , | |
| he coi | (City/ State /Zip) rporation agrees to notify the Department of State in the future of any change in its n | nailing add | iress. |
| he coi | (City/ State /Zip) rporation agrees to notify the Department of State in the future of any change in its n Muluu Mulu 1/26/2017 | nailing add | iress. |
| ne coi | (City/ State /Zip) rporation agrees to notify the Department of State in the future of any change in its n | nailing add | iress. |
| he coi | (City/ State /Zip) rporation agrees to notify the Department of State in the future of any change in its n Muluu uu (Signature of a director, president or other officer - if in the hands of a (Date) | nailing add | iress. |

FILING FEE \$35