

766 176

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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STATE OF FLORIDA
TALLAHASSEE, FL

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

Email Address: _____

REGISTERED AGENT CHANGE
IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

Certificate of Status	0
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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 charge 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: IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.
- 2. The principal office address: 110 West Rd Suite 227 Towson, MD 21204
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/16/1982 Document number: 766176
- 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)

Fernando M Giachino
17 MARTIN L. KING JR. BLVD. #200
STUART, FL 34994

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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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.

 Cindy Lee Floyd
Signature of an officer or director 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.

By: C T Corporation System 2/20/2024
Signature of Registered Agent Date

If signing on behalf of an entity:
Ternell Kearney Assistant Secretary
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 (04/13)