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Account Name : C T CORPORATION SYSTEM

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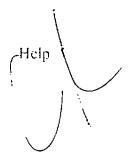
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## REGISTERED AGENT CHANGE IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

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: (614)573-3996

By:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation o	2.0502, 607.1508, or 617.1508, Florida Stat rganized under the laws of the State of <u>Flor</u> egistered agent, or both, in the State of Flor	ida			
1. The name of t	the corporation: IRISH AMERICAN	ORTHOPAEDIC SOCIETY, INC.				
	office address: 110 West Rd Suite 22					
3. The mailing a	iddress (if different);					
4. Date of incorp	poration/qualification: 12/16/1982	Document number: 766176				
5. The name and		red agent and registered office on file with r				
	Fernando M Giachino					
17 MARTIN L. KING JR. BLVD. #200						
	STUART, FL 34994		<b>ر</b> د			
6. The name and (if changed):	street address of the new registered	2024 FEB 20				
	C T Corporation System		20 HA			
	1200 South Pine Island Road		SSE R			
		D. Box NOT acceptable	<u></u>			
	Plantation, Florida 33324					
		reet address of the business office of its re				
Such change wa authorized by th	s authorized by resolution duly ado to board, or the corporation has been	opted by its board of directors or by an offi in notified in writing of the change.	icer so			
Signaling	e of an other or directly	Civil VL C Flored name and title				
I hereby accèpt I further agrée to of my duties, and document is bein corporation has C.T. Componition	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha. System	I and agree to act in this capacity, statutes relative to the proper and comple obligation of my position as registered ag n the registered office address, I hereby of nge.	te performance gent. Or, if this onfirm that the			
		2/20/2024				
	isture of Registered Agent	Date				
lf signing on hel	half of an entity:					
Ternell Kearney	Assistant Secretary					
Ту	ped 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)