

5/11/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

FO90000005061

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.

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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 : CORPORATION SERVICE COMPANY Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address: _____

2020 MAY 11 PM 4:09

REGISTERED AGENT CHANGE SPECIALTY MEDICAL PRODUCTS, INC.

Table with 2 columns: Description and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$35.00).

2020 MAY 11 AM 8:50

H20000138243 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialty Medical Products, Inc.
Name of Corporation

DOCUMENT NUMBER: F09000005061

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reshma Patel
Name of Contact Person
Avanos Medical, Inc.
Firm/Company
5405 Windward Pkwy
Address
Alpharetta, GA 30004
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reshma Patel at (470) 448-5932
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT FOR CORPORATIONS **H20000138243 8**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Specialty Medical Products, Inc.
- 2. The principal office address: 5405 Windward Pkwy
Alpharetta, GA 30004
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/17/2009 Document number: F09000005061
- 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)

National Registered Agents

1200 S Pine Road, Suite 250

Plantation

FL 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

2020 MAY 11 AM 9:58
FILED
TALLAHASSEE, FLORIDA

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.

Ross Mansbach
Signature of an officer or director

Ross Mansbach Corp. Secretary
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.

Corporation Service Company
By: [Signature]
Signature of Registered Agent

05/08/20
Date

If signing on behalf of an entity:

KADESHA ROBERSON, ASST. VICE PRESIDENT
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)

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