## F9300000173

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE

COST LIMIT :

ORDER DATE: September 6, 2011

ORDER TIME : 9:37 AM

ORDER NO. : 902297-118

CUSTOMER NO: 7847794

## CHANGE OF AGENT

NAME:

HANGER PROSTHETICS & ORTHOTICS

EAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Delaware er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: HANGER PROSTHETICS & ORTHOTICS EAST, INC.	
	office address:	
10910 Do	omain Drive, Suite 300, Austin, TX 78758	
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 01/14/1993 Document number: F9300000173	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	1200 South Pine Island Road  Plantation, FL 33324  d street address of the new registered agent (if changed) and /or registered office  Corporation Service Company  1201 Hays Street	
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
Mag. (Signati	Maureen Cathell, Vice President (Printed or typed name and title)	
l further agrée i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the sheen notified in writing of this change. tion Service Company	
	Cantanal 2011	
•	September 1, 2011  (Date)	
If signing on be	half of an entity:	
Sylvia Queppet, Asst. VP		
(Typed or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*