

LO800050121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

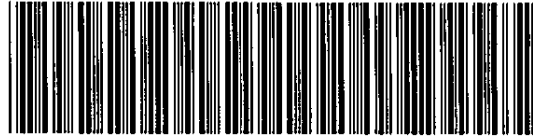
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY 24 PM 12:40
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D. BRUCE

MAY 25 2012

EXAMINER

CSC.

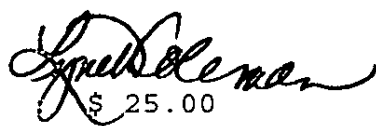
CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 164766 7786039

AUTHORIZATION

COST LIMIT \$ 25.00



ORDER DATE : April 11, 2012

ORDER TIME : 10:50 AM

ORDER NO. : 164766-010

CUSTOMER NO: 7786039

CHANGE OF AGENT

NAME: ACADEMIC SURGICAL CONGRESS,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: _____

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ACADEMIC SURGICAL CONGRESS, LLC

2. (a) Principal office address of limited liability company: 341 N. Maitland Avenue, #130
 (Note: **MUST BE STREET ADDRESS**) Maitland FL 32751

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**) _____

05/20/2008

L08000050121

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Pyster, Phil

Registered Office Address: 341 N. Maitland Avenue, #130
Maitland FL 32751

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street

(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 (Signature of a member or authorized representative of a member)

PHIL PYSER
 (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Sylvia Queppet
 (Signature of Registered Agent) Sylvia Queppet, Asst. VP

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00**