

M04000003085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

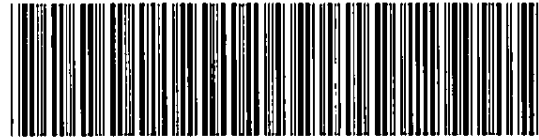
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RA & RO
Change

2024 MAR 15 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAR 15 PM 3:25
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY

MAR 18 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/15/2024

Acc#120160000072

eric DW

Name:	Tendon Systems, LLC
Document #:	
Order #:	15441167 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENDON SYSTEMS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darleen Harris

Name of Person

Commercial Metals Company

Firm/Company

6565 N. MacArthur Blvd, Suite 800

Address

Irving, Texas 75039

City/State and Zip Code

darleen.harris@cmc.com

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

For further information concerning this matter, please call:

Darleen Harris at (214) 589-2773

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: TENDON SYSTEMS, LLC

2. (a) 7340 MCGINNIS FERRY ROAD (b) 6565 N. MacArthur Blvd.
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
SUITE 100 SUITE 800
SUWANEE, GA 30024 Irving, TX 75039

3. 07/28/2004 4. M04000003085
 Date of filing/registration in Florida Document number

5. (a) MARIO VALDES
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14660 SW 49TH STREET
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
MIAMI, FL 33175-5000

(b) C T Corporation System
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

2024 MAR 15 AM 12:48
 DEPARTMENT OF STATE
 FILED

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.

Jody Absher Jody Absher
 Signature of a member or authorized representative of a member 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 605, 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: Stephanie Hencz Stephanie Hencz, Authorized Person
 Signature of Registered Agent

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