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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To	D:
	Division of Corporations Fax Number : (850)617-6380
F	COM :
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081
	Phone : (307)200-2803 Fax Number : (855)330-1010
**Enter	the email address for this business entity to be used for future
anı	nual report mailings. Enter only one email address please.**
Ema	ail Address:

REGISTERED AGENT CHANGE

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State o	yf	
1. The name of	the corporation: American Association	of Surgical Physician Assistants, In	nc	
2. The principa	office address: 278 SW Lake Forest V			
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 03/07/2006	Document number: N0600	00002504	
	nd street address of the current registered artment of State: (If resigned, enter resigned.)		with the	
	KOTRBA, LINDA		<u> </u>	
278 SW Lake Forest Way				
	PORT ST. LUCIE, FL 32986		I I JUL	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Northwest Registered Age	ent LLC	AH 9: 02 OF STATE OF STATE OF STATE	
	7901 4th St N STE 300		70 %	
	St. Petersburg FL 33702	(OT acceptable	46 -	
The street addras changed wil	ress of its registered office and the stre Il be identical.	eet address of the business office of	f its registered ager	nt,
Such change wanthorized by	vas authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	nn officer so	
	da Kotrba	Linda Kotrba, CEO	(title	
I hereby accep I further agree	nte of an officer of director If the appointment as registered agent to comply with the provisions of all si f my duties, and I am familiar with and his document is being filed merely to r in that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and c d accept the obligation of my posit	omplete ion as registered	
lon	-Glove_	7/1/19		
	gnature of Registered Agent behalf of an entity:	Date		
Tom Glove	•			
	Typed or Printed Name			
	* * * 1711 1872 1	UUU C35 00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)