

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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: American Association of Surgical Physician Assistants, Inc
2. The principal office address: 278 SW Lake Forest Way
Port St Lucie, FL 34986
3. The mailing address (if different):

4. Date of incorporation/qualification: 03/07/2006 Document number: N06000002504

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)

KOTRBA, LINDA
278 SW Lake Forest Way
PORT ST. LUCIE, FL 32986

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

Northwest Registered Agent LLC
7901 4th St N STE 300
St. Petersburg FL 33702

P.O. Box NOT acceptable

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SECRETARY OF STATE
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.

Linda Kotrba
Signature of an officer or director

Linda Kotrba, CEO
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.

Tom Glover
Signature of Registered Agent

7/1/19
Date

If signing on behalf of an entity:

Tom Glover
Typed or Printed Name

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