Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bma11	Address:				

REGISTERED AGENT CHANGE SOCIETY OF ROBOTIC SURGERY, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

(H120002024763)

TÓ:	Amendment Section Division of Corporations
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SUBJECT:	gery, Inc.		
DOCUMENT 1	NUMBER: N09000002579		
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.	
	correspondence concerning this matter to		
	Josle Sorer	nsen	
	t Person		
	es, Inc.		
	апу		
	2360 Corporate Circle · Suite 400 Address		
	Addiess		
	Henderson, NV 8		
	City/State and Z	ip Code	
	wendy@wjweiser.com		
	E-mail address: (to be used for future	e annual report notification)	
For further infor	mation concerning this matter, please call:		
Josle Sorense	en on Behalf of InCorp Services, Inc.	t (<u>702</u>) <u>866-2500</u>	
<u> </u>	Name of Contact Person	Area Code & Daytime Telephone Number	
Enciosed is a \$3	5.00 check made payable to the Departmen	nt of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallabassee, FL 32301	

CR2E045 (03/12)

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Society of Robotic Surgery, Inc.	
2. The principal office address: 1100 E Woodfield Road, Suite 520 Schaumburg, IL 60173	
3. The mailing address (if different): 1100 E Woodfield Road, Suite 520 Schaumburg, IL 60173	
4. Date of incorporation/qualification: 03/13/2009 Document number: N09000002579	
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)	
Vipul Patel	
8328 Lake Burden Circle	
Windermere, FL 34786	
6. The name and street address of the new registered agent (if changed) and /or registered offices	F
(if changed): InCorp Services, Inc.	-w-
17888 67th Court North	
P.O. Box NOT peceptable Loxahatchee, FL 33470	
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.	
Signature of an officer or director Wency Weise Printed or produces and title	
I hereby afcept the appointment as registered agent and agree to act in this capacity. I further gree to comply with the provisions of all statutes relative to the proper and complete performance of pay duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if his document is being filed merely to reflect a change in the registered office address, I hereby confine that the corporation has been notified in writing of this change.	
July 16, 2012 Spinishe of Registered Agent If signing on behalf of an entity:	
Josie Sorensen on Behalf of InCorp Services, Inc.	
Typed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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