

N93000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

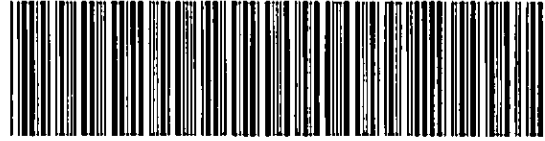
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800357452668

01/11/21--01024--005 **35.00

S TALLENT

FEB 10 2021

2021 JAN 11 PM 2:14

R/A CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Pediatric Surgical Association Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N93000001272

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sue O'Sullivan
Name of Contact Person
Veritas Association Management
Firm/Company
1061 East Main Street, Suite 300
Address
East Dundee, IL 60118
City/State and Zip Code

sue@veritasamc.com

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

For further information concerning this matter, please call:

Sue O'Sullivan at (847) 752-5355
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AMERICAN PEDIATRIC SURGICAL ASSOCIATION FOUNDATION, INC.

2. The principal office address: 1201 Hays Street
Tallahassee, FL 32301

3. The mailing address (if different): 1061 East Main Street, Suite 300, East Dundee, IL 60118

4. Date of incorporation/qualification: 08/01/2003 Document number: N93000001272

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)

Robie, Daniel K, Dr.
807 Children's Way
Jacksonville, FL 32207

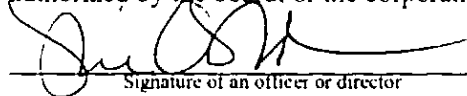
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
P.O. Box NOT acceptable

2021 JAN 11 PM 2:14


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

Sue O'Sullivan EP
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.


Signature of Registered Agent

12/15/2020
Date

If signing on behalf of an entity:

Barkley Audiffred - Asst VP
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
CR2E045 (04/13)