Provide Department of State Division of Emporations Electronic Fring Cover Street

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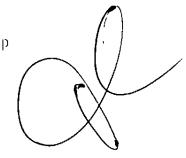
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| _ | | | |
|---------------|---|--------------------------|-------------|
| To: | Division of Corporations | | |
| | Division of Corporations Fax Number : (850)617-6380 | 30 | |
| _ | . , | | |
| From: | Account Name : REGISTERED A | ACENTS THE | |
| | Account Number : I20090000081 | | 2(|
| | Phone : (307)200-280. | |)23 |
| | Fax Number : (855)330-1010 | | 2023 JAN -3 |
| | | | |
| S | mail Address: | •. | 7117 |
| <u>က်</u> | | | |
| 7E | REGISTERED AGI | SENT CHANGE | |
| | | | |
| PAME | RICAN PEDIATRIC SURGICAI | L'ASSOCIATION FOUNDATIOI | N. |
| | RICAN PEDIATRIC SURGICAL | | N, |
| | Certificate of Status | L ASSOCIATION FOUNDATION | N, |
| | | | N, |
| AMEI | Certificate of Status | 0 | N, |

Electronic Filing Menu

Corporate Filing Menu

Help



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

| statement of ch | provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe | • | <u> </u> |
|--|--|--|-----------------------------------|
| 1. The name of | the composition: American Pediatric S | Surgical Association Foundation, Inc. | |
| | office address: 7901 4th St N STE 30 | | |
| | | | |
| 3. The mailing | address (if different): 7901 4th St N S | FE 300 St. Petersburg FL 33702 | |
| 4. Date of incor | poration/qualification: 03/19/1993 | Document number: N93000001272 | |
| | d street address of the current registered ag rtment of State: (If resigned, enter resigned | | |
| | CORPORATION SERVICE | COMPANY | |
| | 1201 HAYS STREET | | |
| | TALLAHASSEE, FL 32301 | | |
| 6. The name an (if changed): | d street address of the new registered agen | (if changed) and for registered office | 2023 JAH |
| | Northwest Registered Agent | LLC | င် |
| | 7901 4th St N STE 300 | | PH |
| | St. Petersburg FL 33702 | NOT acceptable | PH 12: 38 |
| The street addras changed wil | ess of its registered office and the street a l be identical. | ddress of the business office of its registered | l agent. |
| Such change wanthorized by t | as authorized by resolution duly adopted he board, or the corporation has been not | by its board of directors or by an officer so ified in writing of the change. | |
| Sue | O'Sullivan | Sue O'Sullivan, Executive Dire | ctor |
| I hereby accep I further agree of my duties, a document is be | | agree to act in this capacity. tes relative to the proper and complete perfo gation of my position as registered agent. O registered office address, I hereby confirm t | ormance r. if this that the |
| T-N- | | 1/3/23 | |
| Si | mature of Registered Agent | Date | |
| If signing on b | chalf of an entity: | | |
| Taylor Nev | vman | | |
| , | yped or Printed Name | _ | |
| | * * * FILING FE | E: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, F1, 32314 CR2E045 (04/13)