

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Ottyrotaterzipir-none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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02/26/18--01041--016 **35.00

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SECRETARY OF STATE

FEB 2**8** 2018 T. LEAMEUX

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: February 22, 2018

Order#: 081363-015

Re: MOTUS GI, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

_	provisions of sections 607.05 nge is submitted for a corpo						<i>s</i>
	r to change its registered off						
1. The name of t	he corporation: MOTUS GI,	INC.		···			
2. The principal	office address: 1301 EAST E	BLVD STE 31	0 FT LAUDER	DALE, FL	33301		
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 11/06	5/2017	Document	number: F	1700000	4996	
	street address of the current tment of State: (If resigned,			ed office or	n file with	the	
-	GUZMAN, DAVID						
	1301 EAST BLVD STE 310)	·				
	FT LAUDERDALE		FL	33301	Z×	28	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered agent (if changed) and /or registered 22 Corporation Service Company						Ī
	Corporation Service Comp	any			<u> </u>	TO	ក្នា
	1201 Hays Street	P.O. Box NOT			- ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-ST-S	\(\text{v}\ell	O.
	Tallahassee	P.O. Box NOT	FL	32301	10 A	ထ	
The street addre	ess of its registered office ar be identical.	d the street a	ddress of the bu	siness offi	ce of its r	registe re d	agent,
Such change was authorized by th	as authorized by resolution one board, or the corporation	luly adopted has been noti	by its board of of the first ing of the first in writing of	lirectors or of the chan	by an of ge.	ficer so	
4.	Igl.		Andrew Taylor			CFO	
Signatu	re of an officer of director		Print	ed or typed nar	ne and title		
I further agree to performance of agent. Or, if the hereby confirm	the appointment as register to comply with the provision my duties, and I am familia is document is being filed mather the corporation has been Service Company	is of all statu r with and ac erely to refle	tes relative to the ecept the obligated ct a change in th	ie proper a ion of my p he register	na compi position a	is register	ed I
By: L) n	see Cokubi		02/21/2018				
Sign	nature of Registered Agent	<u> </u>		Date			
If signing on be	half of an entity:						
Grace E. Kirby,	Asst. Vice President						
T	yped or Printed Name						

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

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

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