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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:

REGISTERED AGENT CHANGE

AMERICAN SOCIETY FOR ARTIFICIAL INTERNAL ORGANS, INC

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COVER LETTER

Division of Corporations		
SUBJECT: American Society for Artificial Internal Organs, Inc. Name of Corporation		
DOCUMENT NUMBER: 741748		
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:		
Aurelie Alger		
Name of Contact Person	<i>L</i>)	4
American Society for Artificial Internal Organs, Inc.	20 SEP	報がある。
Firm/Company	્ર્વ	ز:
500 Cummings Center, Suite 4400	•	-
Address	••	ť
Beverly, MA 01915	~n) ≤	
City/State and Zip Code	5.	•
E-mail address: (to be used for future annual report notification)	D.	
For further information concerning this matter, please call:		
Name of Contact Person at () Area Code & Daytime Telephone Nu	mber	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

H2000003169763

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or	ganized under the law	vs of the State of Florida		
	r to change its registered office or reg				
1. The name of t	he corporation: American Society for	Artificial Internal Org	gans, Inc.		
2. The principal	office address: 500 Cummings Cente	er, Suite 4400, Bever	ly, MA 01915		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 01/31/1978	Document r	number:		
	street address of the current registere tment of State: (If resigned, enter resi		d office on file with the		
	Karen Ed Burke		· · · · · · · · · · · · · · · · · · ·		
77000 Congress Avenue, Suite 3107					
	Boca Raton	۴L	01915 20 SEP		
6. The name and (if changed):	l street address of the new registered a	agent (if changed) and	1/or registered office		
	Corporation Service Company		"		
	1201 Hays Street		<u>. </u>		
		Box NOT acceptable			
	Tallahassee	FL			
as changed will	ess of its registered office and the str be identical. Its authorized by resolution duly ado the board, or the corporation has been				
Queles M	re cl ar efficer of director	Aurelie Algel	r, Executive Director		
i jurther agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char	statutes relative to th obligation of my pos n the registered office	e nroner and complete pertormance		
	n Service Company	09/11/202	0		
<u>— ൃ -</u> വക്കുന്ന ഒരു വിജ വളാ	haure or Registered Agent	-	Date		
If signing on be	half of an entity:				
Amanda Robins	son				
T	yped or Printed Name				
	* * * EH INC	UUU. 035 00 * * *			

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)