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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
		MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer.		
	J	HORNE
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Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.
REFER	INCE

AUTHORIZATION

120000000195 : 1 1578725 :

COST LIMIT : \$ 35.00

ORDER DATE : July 27, 2023

- ORDER TIME : 1:34 PM
- ORDER NO. : 907365-004
- CUSTOMER NO: 7578725

CHANGE OF AGENT

NAME: AXOGEN CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

1. The name of the corporation: AXOGEN CORPORATION

2. The principal office address: <u>13631 PROGRESS BLVD SUITE 400 ALACHUA</u>, FL 32615

4. Date of in	ncorporation/qualification	. 06/14/2006	Document number: F06	000004632		
	e and street address of the repartment of State: (If res		gent and registered office on fil		23 AUG	
	Marc Began, Axogen Corporation]- J	רי =	
	13631 PROGRESS	S BLVD SUITE 400			AH	
	ALACHUA		FL 32615		ڢ	
6. The name (if change			nt (if changed) and /or registere	d office	μB	

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

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.

Jill Cilmi Vice President Printed or typed name and title

I herely 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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company By Signature of Registered Agent

08/02/2023

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)