F07000 005 002

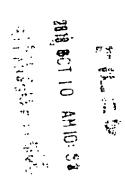
(Requestor's Name)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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10/10/19--01022--015 **35.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX 19808

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscqlobal.com

Date: October 8, 2019

Order#: 938508-043

Re: ORTHOSYNETICS, 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: Matthew Ermak 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

statement of ch	ange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of DELAWARE or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ORTHOSYNET	ICS, INC.	
2. The principal office address: 3850 N. CAUSEWAY BLVD., SUITE 800, METAIRIE, LA 70002			
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 10/05/20	007 Document number: F07000005002	
	id street address of the current re artment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	C T CORPORATION SYSTEM	M S	
	1200 SOUTH PINE ISLAND F	ROAD	
	PLANTATION	FL 33324	
6. The name ar (if changed)	-	er resigned) M ROAD FL 33324 tered agent (if changed) and /or registered office	
		<u> </u>	
	1201 Hays Street	O Box NOT acceptable	
	Tallahassee	FL 32301	
The street add as changed wi	ress of its registered office and t	the street address of the business office of its registered agent,	
Such change v authorized by	vas authorized by resolution dul the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
	Xie & QQnie	Jill Cilmi, Vice President	
I hereby accept further agree performance agent. Or, if the hereby confirmation	e to comply with the provisions of If my duties, and I am familiar w his document is being filed mere	Printed or typed name and title agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
	Inaco Cokubi p Ignature of Registered Agent	10/08/2019	
S	ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Grace E. Kirb	y, Asst. Vice President		
	Typed or Printed Name		

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