

**F10000003 110**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302) 674-4089  
Fax Number : (302) 674-5266

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

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
SMALL BONE INNOVATIONS, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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09-22-10

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SMALL BONE INNOVATIONS, INC.
2. The principal office address: 505 PARK AVENUE, 14TH FLOOR NEW YORK NY 10022
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/07/2010 Document number: F10000003110

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY1201 HAYS STREETTALLAHASSEE FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.2731 EXECUTIVE PARK DRIVE, SUITE 4P.O. Box NOT acceptableWESTON, FL 33331

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.

/s/Anthony Viscogliosi  
Signature of an officer or director

ANTHONY VISCOGLIOSI  
Printed or typed name and title

*I hereby 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, I hereby confirm that the corporation has been notified in writing of this change.*

/s/Tina Bonovich  
Signature of Registered Agent

9/22/2010  
Date

If signing on behalf of an entity:

TINA BONOVIH  
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

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