

F10 000004497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

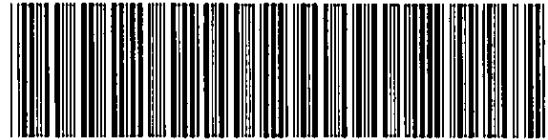
(Business Entity Name)

(Document Number)

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SWANN HADLEY STUMP DIETRICH & SPEARS

PROFESSIONAL ASSOCIATION

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Of Counsel

June 9, 2020

**Admitted to practice in New Jersey only*

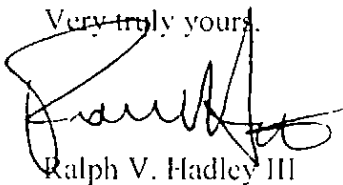
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Christie Medical Holdings, Inc.
Document Number: F1000004497

Gentlemen:

Enclosed is Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding the above-referenced corporation, together with my firm check in the amount of \$35.00 to cover the cost.

Very truly yours,



Ralph V. Hadley III

RVH/gm
Enclosure
CC: Blake Petrunick

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHRISTIE MEDICAL HOLDINGS, INC.
Name of Corporation

DOCUMENT NUMBER: F11000004497

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:

RALPH V. HADLEY III

Name of Contact Person

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

Firm/Company

200 EAST NEW ENGLAND AVENUE, SUITE 300

Address

WINTER PARK, FL 32789

City/State and Zip Code

rhadley@swannhadley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH V. HADLEY III

Name of Contact Person

at (

407

) 647-2777

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHRISTIE MEDICAL HOLDINGS, INC.
2. The principal office address: 200 TECHNOLOGY PARK, SUITE 1040
LAKE MARY, FLORIDA 32746
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 11/08/2011 Document number: F11000004497
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)

SCOTT PETRUNICK

200 TECHNOLOGY PARK, SUITE 1010

LAKE MARY, FLORIDA 32746

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

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

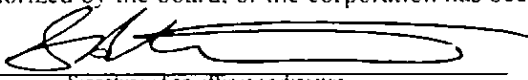
200 EAST NEW ENGLAND AVENUE, SUITE 300

P.O. Box NOT acceptable

WINTER PARK, FLORIDA 32789

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

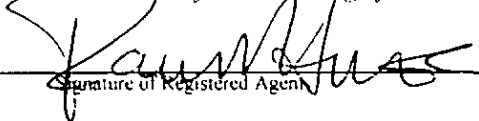
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SCOTT PETRUNICK, PRESIDENT/DIRECTOR

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.


Signature of Registered Agent

6/9/22
Date

If signing on behalf of an entity:

RALPH V. HADLEY III

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)