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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phone	: #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
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SECRETARY OF STATE
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Reglofe Chunk

CHILD



CSC - WILMINGTON
. 251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: April 1, 2021

Order#: 736510-009

Re: ACELL INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

 \overline{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: Rachel Pietropolo 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.

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Ptorida S n organized under the laws of the State of _ registered agent, or both, in the State of F	DE		
1. The name of t	he corporation: ACELL, INC.				
2. The principal	office address: 6640 Eli Whitney	Dr Suite 200 Columbia, MD 21046			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/29/2011	Document number: F11000	005229		
5. The name and		stered agent and registered office on file wi	th the		
	C T CORPORATION SYSTEM		_		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324			
6. The name and (if changed):	I street address of the new register Corporation Service Company	red agent (if changed) and /or registered of	fice		
	1201 Have Street		-		
	1201 Hays Street P.O. Box NOT acceptable				
	Tallahassee	FL 32301	-		
		e street address of the business office of it			
Such change was author(ze) by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so		
Xie	. E. agni	Jill Cilmi	Vice President		
/ [re of an officer or director	Printed or typed name and ti	lle		
I further agree of my duties, an document is bei corporation has	to comply with the provisions of	gent and agree to act in this capacity. all statues relative to the proper and con the obligation of my position as registere, ge in the registered office address. I herel change.	iplete performance d agent. Or, if this by confirm that the		
By: Dro	ce Cokubie	04/01/2021			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
	Asst. Vice President yped or Printed Name	_			

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

Make checks payable to Florida Department of State