

To:

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From: David Thomas

8/17/23, 4:17 PM

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Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
TREACE MEDICAL CONCEPTS, INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$43.75

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F14000003459

(Document number of corporation (if known))

1. TREACE MEDICAL CONCEPTS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

3. 08/14/2014

(Incorporated under laws of)

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	Terry Lubben	100 Palmetto Park Place	Add
		Ponte Vedra, FL 32081	[x] Remove
President	John Treace	216 San Juan Drive	Add
		PONTE VEDRA BEACH, FL 32082	[x] Remove
President	John Treace	100 Palmetto Park Place	[x] Add
		PONTE VEDRA BEACH, FL 32082	[x] Remove
Director	John Bakewell	100 Palmetto Park Place	Add
		PONTE VEDRA BEACH, FL 32082	[x] Remove
	See Attached		[x] Add
			[x] Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Holly Cimmino*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Holly Cimmino

(Typed or printed name of person signing)

Compliance Manager

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Title	Name	Address
Director	Berry Lance	100 Palmetto Park Place Ponte Vedra, FL 32081
Director	Lawrence Hamilton	100 Palmetto Park Place Ponte Vedra, FL 32081
Director	Betsy Hanna	100 Palmetto Park Place Ponte Vedra, FL 32081
Director	Deepti Jain	100 Palmetto Park Place Ponte Vedra, FL 32081
Director	Jane Kiernan	100 Palmetto Park Place Ponte Vedra, FL 32081
Director	Richard Mott	100 Palmetto Park Place Ponte Vedra, FL 32081
Secretary	Scot Elder	100 Palmetto Park Place Ponte Vedra, FL 32081

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