

F15000002742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

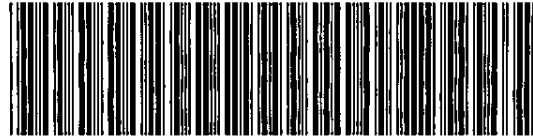
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

R. White

FEB 01 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amend Surgical, Inc.
Name of Corporation

DOCUMENT NUMBER: F15000002742

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:

Robby Lane

Name of Contact Person

Amend Surgical, Inc.

Firm/Company

13859 Progress Blvd.Suite 300

Address

Alachua, Florida 32615

City/State and Zip Code

rlane@amendsurgical.com

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

For further information concerning this matter, please call:

Robby Lane

Name of Contact Person

at (352) 226-4988

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Amend Surgical, Inc.
2. The principal office address: 13859 Progress Blvd., Suite 300
Alachua, Florida 32615
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 19, 2015 Document number: F15000002742
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)

Leslie Molony

8909 SW 75th Street

Gainesville, Florida 32608

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

Robby Lane

13859 Progress Blvd., Suite 300

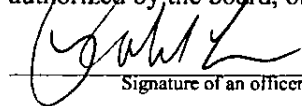
P.O. Box NOT acceptable

Alachua, Florida 32615

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TALLAHASSEE, FLORIDA

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.

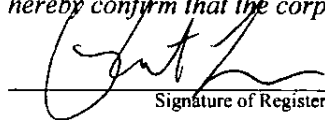


Signature of an officer or director

~~Leslie Molony~~ Robert Lane, CEO

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

1/26/16

Date

If signing on behalf of an entity:

Robert Lane

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