

FL500002742

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Amend Surgical, Inc.

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**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

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**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:

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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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

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  
CR2E045 (03/12)