

**F 16000000 114**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

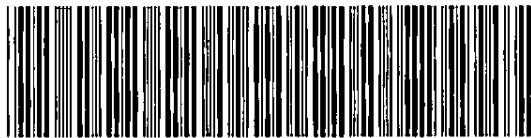
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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17 SEP 13 AM 12:19

2017 SEP 13 AM 8:59

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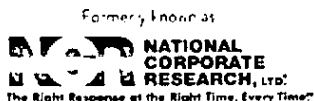
CALL FOR SPEC. FILING

C. GOLDEN

SEP 14 2017



COGENCYGLOBAL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 9/12/2017

Name: KENDALL HOWELL

Reference #: C019885

Entity Name: CHECKPOINT SURGICAL, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

ISSUES - CALL KEN @  
518-213-0738

Authorized Amount: \$35.00

Signature:

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: CHECKPOINT SURGICAL, INC.

2. The principal office address: 22901 Millcreek Blvd, Suite 110, Cleveland, OH 44122

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: January 8, 2016 Document number: F16000000114

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)

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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

COGENCY GLOBAL INC.  
115 North Calhoun St., Suite 4  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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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.

Laura Keck  
Signature of an officer or director

Laura Keck, Treasurer  
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.*

Sean Honan  
Signature of Registered Agent

9/11/2017  
Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary  
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)