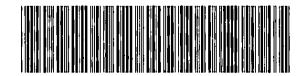
F18000003587

	(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	n Filling Officer:
Special instructions to	o i ining Onicer.
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500384342835

2022 MAR 31 FH 3: 32

A. BUTLER APR 0 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 582998 8110793					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE : March 31, 2022					
ORDER TIME : 1:24 PM					
ORDER NO. : 582998-005					
CUSTOMER NO: 8110793					
CHANGE OF AGENT					
VIVE OPEVOGENDY TVG					
NAME: ORTHOGENRX, INC.					
DI DAGE DESCRIPTION THE COLLOWING AG DROOM OF DIVING					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	mized under the lav	vs of the State of _	PA	his ———	_
1. The name of t	he corporation: ORTHOGENRX, INC.					
	office address: 2005 SOUTH EASTON	RD, STE. 207, DO	DYLESTOWN, PA	A 18901		- -
3. The mailing a	ddress (if different):					_
4. Date of incorp	poration/qualification: 08/06/2018	Document i	number: F180000	003587		
5. The name and	I street address of the current registered timent of State: (If resigned, enter resign	agent and registere				
	URS AGENTS, LLC		_			
	3458 LAKESHORE DR			2022 SE(
	TALLAHASSEE, FL 32312			ALLI CRET	MAR	7
6. The name and (if changed):	street address of the new registered age	ANY OF	2022 MAR 31 PH 12: 42			
	Corporation Service Company			57, 418	1:2	
	1201 Hays Street			H	₹	
	P.O Box NOT acceptable			-		
	Tallahassee	FL	32301	_		
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the bu	siness office of it	s register	ed age	nt,
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of contified in writing o	lirectors or by an of the change.	officer se)	
M()		Mojirade James	, Corporate Secr	etary		
Signatur	e of an officer or director	Print	ed or typed name and til	lle -		-
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent as comply with the provisions of all stad I am familiar with and accept the objug filed merely to reflect a change in the bean notified in writing of this change in Service Company	tutes relative to th ligation of my pos he registered offic	this capacity. e proper and com ition as registered e address, I hereb	iplete per l'agent, ny confiri	formar Or, if t n that t	ice his he
By: Mace 7-Kubl Signature of Registered Agent		03/29/2022				
Sigi	nature of Registered Agent		Date			_
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
	ped or Printed Name					

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