Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004227173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)373-3936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

Email Address:

REGISTERED AGENT CHANGE OXFORD IMMUNOTEC USA, INC.

Certificate of Status	()
Certified Copy	()
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

AM 9: 00

To:

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

	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florada Stainge is submitted for a corporation organized under the laws of the State of $\frac{D}{D}$	•	
	er to change its registered office or registered agent, or both, in the State of Flo		_
1. The name of	the corporation: OXFORD IMMUNOTEC USA, INC.		
	office address: 293 Boston Post Road West, Suite 210		
	Mariborough, Massachusetts 01752		
3. The mailing a	nddress (if different): 940 Winter Street, Attn: J. Higgins, Waltham, MA 02451-14:	57	
4. Date of incorp	poration/qualification: 04/17/2019 Document number: F19000001.	886	
	d street address of the current registered agent and registered office on file with riment of State: (If resigned, enter resigned)	the	
	COGENCY GLOBAL INC.		
	115 NORTH CALHOUN STREET, STE 4		2022 D
	TALLAHASSEE, FL 32301		93
6. The name and (if changed):	d street address of the new registered agent (if changed) and or registered office	÷.	2022 DEC 16 AN
	C T Corporation System	:_	9: 00
	1200 South Pine Island Road	,	0
	P.O. Box. NOT acceptable		
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	egister	red agent.
_	as nuthorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
	John L. Healy, Director, Vice Presiden	nt, Sec	retary
I here to accept I puriber agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address. Thereby a seen notified in writing of this change.	ete pe. gent. zorfiri	rjormance Or, if this nt that the
CT Corporation	12/01/2022 matture of Registered Agent Date		
Sig	mature of Registered Agent Date		
If signing on be	half of an entity:		
Jennife	r Mincer		
T	yped 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 CR2F045 (04:13)

By: