Faccoco aasy

	(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						
	J. HORNE AUG - 2 2023					

Office Use Only



400412853924



CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	899905	7284030	
	AUTHORIZATION	:	Charle.	Soleman	,
	COST LIMIT	:	\$ 35,00	, and the same	
				-	
ORDER DATE :	July 25, 2023				
ORDER TIME :	2:13 PM				
ORDER NO. :	899905-006				
CUSTOMER NO:	7284030				
					
	CHANGE OF A	<u>GENT</u>	<u>2</u>		
NAME:	THE HOSPITAL SURGERY FUND,				
PLEASE RETURN	THE FOLLOWING AS	PRC	OOF OF FI	LING:	
CERTII PLAIN	FIED COPY STAMPED COPY				
CONTACT PERSON	N: Alexxis Weila:	nd-s	sorenson		

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 ange is submitted for a corporation organized under the laws of t	the State of NY	tis
	ler to change its registered office or registered agent, or both, in t		
	the corporation: THE HOSPITAL FOR SPECIAL SURGERY FL	JND, INC.	
2. The principal	I office address: 535 E 70TH ST NEW YORK, NY 10021	- <u>-</u>	
-	address (if different):		
4. Date of incorp	rporation/qualification: 05/15/2020 Document number	er: F20000002254	
	d street address of the current registered agent and registered offi- artment of State: (If resigned, enter resigned)	ice on file with the	
	COGENCY GLOBAL INC		
	115 N CALHOUN ST STE 4		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):		registered office	2023 AU : "
	Corporation Service Company		
	1201 Hays Street		· !
	P.O. Box NOT acceptable	204	,
	Tallahassee FL 323		
The street addre as changed will	ress of its registered office and the street address of the business I be identical.	s office of its registere	d agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors the board, or the corporation has been notified in writing of the	ors or by an officer so change.	
χ	JILL CILMI, VICE	E PRESIDENT	
Signatur	of an officer or director Printed or ty	ped name and title	
l further agrée t of my duties, and document is beit corporation has	t the appointment as registered agent and agree to act in this co to comply with the provisions of all statutes relative to the proj nd I am familiar with and accept the obligation of my position of ing filed merely to reflect a change in the registered office addi is been notified in writing of this change. In Service Company	per and complete pert	ormance or, if this that the
By: Drace T	2-Kuby 08/01/2023		
Sign	gnature of Registered Agent	Date	
If signing on bel	ehalf of an entity:		
	BY, ASST. VICE PRESIDENT		
Ту	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 (04/13)