

To:

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2023-11-28 08:49:22 CST

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From: David Thomas

11/28/23, 8:22 AM

Division of Corporations

# F21000001824

Florida Department of State  
Division of Corporations  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

2023 NOV 28 AM 8:20

**REGISTERED AGENT CHANGE**  
**NMN SPINCO INC. \*\*\*\*\***

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**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: NMN Spineo Inc.
- 2. The principal office address: 330 W. Spring Street Suite 303  
Columbus, OH 17601
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 04/01/2021 Document number: F21000001824
- 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)

REGISTERED AGENTS INC.

7901 4TH ST N, STE 300

ST. PETERSBURG, FL 33702

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 FLORIDA DEPARTMENT OF STATE  
 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.

/s/TIMOTHY CASEY

TIMOTHY CASEY, SECRETARY

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.*

C T Corporation System



11/06/2023

By:

Signature of Registered Agent

Date

If signing on behalf of an entity:

SEAN L. EMERICK, 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 (04/13)