F2200000 1397

(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:				
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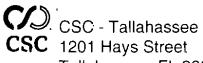


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2023 NOV -8 AHII: 34

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RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/08/23 Order #: 1306652-1

Re: iWound Care USA, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

12000000195

Authorization:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Amendment Section

TO:

SUBJECT: IWOUND CARE USA, INC.
Name of Corporation

DOCUMENT NUMBER: F22000001397

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LYNN MARIE MALLERY
Name of Contact Person
INHAUS LEGAL, PC
Firm/Company
181 GLENDALE DRIVE
Address
COPPELL, TEXAS 75019
City/State and Zip Code

anish@iwound.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN MARIE MALLERY

Name of Contact Person

at (214) 755-8239

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617. ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the State	of DELAWARE
1. The name of	the corporation: WOUND CARE US	A, INC.	
2. The principal	office address: 951 SWISS HEIGH [DRIVE, OSHAWA, ONTARIO, CAN	NADA L1K 2A7
3. The mailing a	address (if different):		
	poration/qualification: MARCH 8, 20		
5. The name and Florida Depar	d street address of the current register trment of State: (If resigned, enter res	ed agent and registered office on fil- igned)	e with the
	MAKIM, ANISH		
	115 N CALHOUN STREET, #4		202 7.7.7
	TALLAHASSEE	FL 32301	17 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered	i office ∞
	Corporation Service Company		_ = = = = = = = = = = = = = = = = = = =
	1201 Hays Street		AM 11: 34 E. F. Lordo
	P.O). Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the str be identical.	eet address of the business office of	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer so
A	nish Makim	ANISH MAKIM	PRESIDENT
Signatur	e of an officer or director	Printed or typed name a	nd title
i juriner agree i of my duties, an document is bei corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this cham n Service Company	statutes relative to the proper and coolingation of my position as registed office address. The	complete performance ered agent. Or, if this creby confirm that the
(Mixus	Weilard-Jonnson, AMP	NOVEMBER 2, 2023	
21 g r	iature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped 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)