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(((H24000218095 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

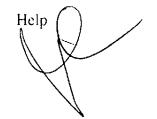
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.★★

Email	Address:	

## REGISTERED AGENT CHANGE DEVICOR MEDICAL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

	•	517.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of Delaware	
in orde	er to change its registered office o	r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: DEVICOR MED	CAL PRODUCTS, INC.	
2. The principal	office address: 300 E-BUSINESS	WAY CINCINNATI, OH 45241	
3. The mailing a	address (if different):		_
4. Date of incorp	poration/qualification: 06/13/202	Document number: F23000003497	_
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	AD 2024	
	PLANTATION, FL 33324	JUH	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	
	United Agent Group Inc.		- n
	801 US Highway 1		Ó
		P.O. Box NOT acceptable	
	North Palm Beach FL 33408		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
Kim :	Stokem	Kim Stokem Attorney In Fact	
	re of an officer or director	Printed or typed name and title	
l further agrée ( of my duties, an document is bei	to comply with the provisions of ad Lam familiar with and accept	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	•
Kim :	Stokem nature of Registered Agent	06/24/2024	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Kim Stokem Spe		_	
Ŧ	yped or Printed Name		

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