

N94000004862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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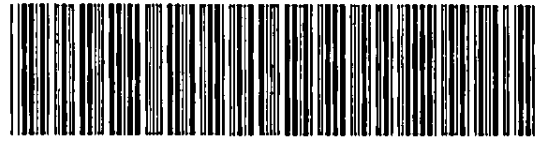
(Business Entity Name)

(Document Number)

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JOHN D. JOPLING* ELLEN R. GERSHOW† DAVID M. DELANEY** MICHAEL S. DONSKY* RUPA S. LLOYD**

JAMIB LYNN WHITE* ERIC MCNEIBERGER* BRENT D. HARTMAN*

September 19, 2017

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

Via Certified Mail Receipt: # 7014 2120 0002 3080 7447

Re: Statement of Change of Registered Agent for:

CORPORATION: REGENERATIVE BIOLOGICS, INC
DOCUMENT NO: N94000004862

To Whom It May Concern:

On behalf of our client, Regenerative Biologics, Inc., enclosed please find the Statement of Change of Registered Agent for the above referenced corporation. Also enclosed is a check made payable to the Florida Department of State for \$35.00 which represents the filing fee for the Statement.

Please forward confirmation of the filing to my attention at Dell Graham, P.A., 203 N.E. 1st Street, Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 372-4381, or by e-mail at rlloyd@dellgraham.com.

Sincerely,



Rupa S. Lloyd, Partner
Attorney at Law

Encl:

Statement of Change of Registered Agent
Check for \$35.00 (filing fee)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REGENERATIVE BIOLOGICS, INC.

2. The principal office address: 6241 NW 23 STREET, STE 200 GAINESVILLE, FL 32653

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/1994 Document number: N94000004862

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)

AILSTOCK, J P, PA

2615 NW 5 PLACE

GAINESVILLE, FL 32607

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

HOPKINS, LAWRENCE

6241 NW 23 STREET, STE 200

P.O. Box NOT acceptable

GAINESVILLE, FL 32653

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Lawrence Hopkins
Signature of an officer or director

LAWRENCE HOPKINS, PRESIDENT CEO
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.

Lawrence Hopkins
Signature of Registered Agent

9/19/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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