

P05000167745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR 23 2022
I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 563610 8186123

AUTHORIZATION :

COST LIMIT : ~~\$350.00~~ *See man*

ORDER DATE : March 21, 2022

ORDER TIME : 9:24 AM

ORDER NO. : 563610-015

CUSTOMER NO: 8186123

CHANGE OF AGENT

NAME: PHYSICIANS' CONTINUING
EDUCATION CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: *Gu*

**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: PHYSICIANS' CONTINUING EDUCATION CORP.
2. The principal office address: 395 Hudson Street, 3rd Floor, New York, NY 10014
3. The mailing address (if different): 121 Chanlon Road, Suite 110, New Providence, NJ 07974
4. Date of incorporation/qualification: 12/28/2005 Document number: P05000167745
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)

Lawrence, ROBINS E

4475 HWY US 1 SOUTH SUITE 602

ST AUGUSTTINE

FL 32086

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

RoseAnn Stampe
Signature of an officer or director

RoseAnn Stampe

Vice President

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.

Corporation Service Company

By: Dorcas E. Kirby
Signature of Registered Agent

3/17/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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)

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DIVISION OF STATE
TALLAHASSEE, FL