

P080000023430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

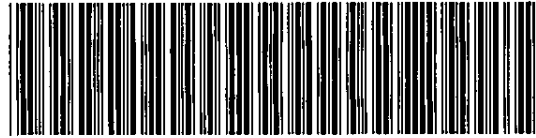
(Business Entity Name)

(Document Number)

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13 OCT -9 PM 1:47

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2013 OCT -9 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
10/10/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 840121 7899423

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 9, 2013

ORDER TIME : 12:41 PM

ORDER NO. : 840121-005

CUSTOMER NO: 7899423

CHANGE OF AGENT

NAME: MIMEDX GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 OCT '10 AM 10:52

DIVISION OF CORPORATIONS

October 9, 2013

CSC  
% CARINA DUNLAP  
TALL., FL

SUBJECT: MIMEDX GROUP, INC.  
Ref. Number: P08000023430

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for MIMEDX GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 713A00023740

**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: MIMEDX GROUP, INC.
2. The principal office address: 1775 WEST OAK COMMONS CT., MARIETTA GA 30062
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/2008 Document number: P08000023430
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)

CUSTOMER SERVICE SPECIALIST

1201 Hays Street

Tallahassee

FL 32301

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.

Alexandra O. Haden  
Signature of an officer or director

Alexandra O. Haden, Assistant Secretary  
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: Carina L. Dunlap

Signature of Registered Agent

10-9-13

Date

If signing on behalf of an entity:

Carina L. Dunlap  
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 (03/12)

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