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## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Orthotics Center Inc.
2. The principal office address: 14331 SW 120 Street, Suite 212
<u>Miami, FL 33186</u>
3. The mailing address (if different): Same
4. Date of incorporation/qualification: April 10, 2013 Document number: P13000032554
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)
Alvia Alvarez
13502 SW 177 Terrace
Miani, FC 33177
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Nadia Ismael :
14331 Sw 120 Street Unit 212 5
Miami, FL 33186
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.
Nadia Ismael 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.
Signature of Registered Agent 5-12-17 Date
Signature of Registered Agent Date  If signing on behalf of an entity:
Millia formal

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

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Or thotics Center Inc.  Name of Corporation	
DOCUMENT NUMBER: P13000032554	
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:	
Name of Contact Person	
Orthotics Center Inc. Firm/Company	
14331 SW 120 Street, Ste. 212 Address	
City/State and Zip Code	
Support@orthoticscenter.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (305) (040-5966  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  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314