

7/30/25, 10:46 AM

Division of Corporations

Florida Department of State

Division of Corporations

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(((H25000266800 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

S. CHATHAM

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

JUL 30 2025

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

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE

THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.

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

FILED
2025 JUL 30 AM 8:49
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

(((H25000266800 3)))

SUBJECT: THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: P17273

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:

Georgia Dorsam

Name of Contact Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road, Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Dorsam for InCorp Services, Inc.

Name of Contact Person

at 800-246-2677

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E043 (04/13)

(((H25000266800 3)))

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

((H25000266800 3)))

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

1. The name of the corporation: THE CHILDREN'S ORGAN TRANSPLANT ASSOCIATION, INC.

2. The principal office address: 2501 W COTA Dr. Bloomington, IN 47403

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/17/1987 Document number: P17273

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)

CORPORATION SERVICE COMPANY

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):

InCorp Services, Inc.

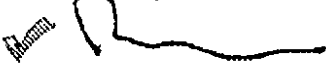
3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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.

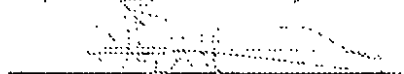


Signature of an officer or director

Richard E. Lofgren, 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

07/27/2025

Date

If signing on behalf of an entity:

Louise Breytenbach on behalf of InCorp Services, Inc

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
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