

P 94 0000 380 68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

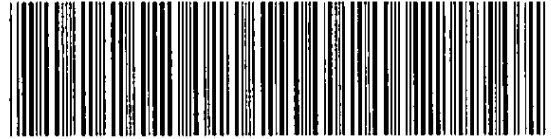
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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2024 JUL -6 PM 1:27  
CLERK

RECEIVED  
2024 AUG -6 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 08/02/24  
Order #: 1579267-2  
Re: 3D Medical Manufacturing, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of \$35.00 FL State Account Number: I20000000195

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Amanda Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

2024 AUG -6 PM 1:27  
SECRET

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: 3D MEDICAL MANUFACTURING, INC.
2. The principal office address: 1006 West 15th Street, Riviera Beach, FL 33404
3. The mailing address (if different): 2001 North Congress Avenue, Suite J, Riviera Beach, FL 33404
4. Date of incorporation/qualification: May 16, 1994 Document number: P94000038068
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)

Cogency Global Inc.

115 North Calhoun Street, Suite J

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.

/s/ Jason Brasile

Signature of an officer or director

Jason Brasile

CFO

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: Lindsey M. Lockard

Signature of Registered Agent

Lindsey M. Lockard, Assistant Vice President

07/30/2024

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

CSC COA-7888