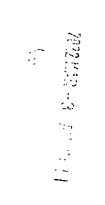


(Requestor's Name)	<u>-</u>
	Address)	
`	· · · · · · · · · · · · · · · · · · ·	
(Address)	•
	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	Business Entity Name)	
`		
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	







2022 HAR -3 PM 3: 29

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

CONTACT PERSON: Eyliena Baker -- EXT#

ACCOUNT NO. : I2000000195 REFERENCE : 526647/7 4375419 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: March 3, 2022 ORDER TIME : 2:47 PM ORDER NO. : 526647-005 CUSTOMER NO: 4375419 _____ CHANGE OF AGENT NAME: ORTHO PRO ASSOCIATES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XXX ___ PLAIN STAMPED COPY

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nge is submitted for a corporation organized under the laws of the State of Flori r to change its registered office or registered agent, or both, in the State of Florid	ida
The name of t The principal	he corporation: ORTHO PRO ASSOCIATES, INC. office address: 10910 Domain Drive, Suite 300, Austin, Texas 78758	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 06/12/1991 Document number: S59100	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	e
	Terri Bukacheski	* 2603
	11400 N. Kendall Drive, Suite 100, Miami, FL 33176	021111 3
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	77 13 13
	Corporation Service Company	_
	1201 Hays Street Tallahassee, FL 32301	
	P.O. Box NOT acceptable	
The street addre as changed will	ss of its registered office and the street address of the business office of its reg be identical.	sistered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so
Roman C Hutma		eral Counsel
	e of an officer or director Printed or typed name and title	
I hereby accept of further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complet d I am familiar with and accept the obligation of my position as registered ago ng filed merely to reflect a change in the registered office address. I hereby co been notified in writing of this change.	e performance ent. Or, if this nfirm that the
Eyl	Assistant Vice President 03/03/2022	
\$/gn	Assistant Vice President O5/105/2022 Insture of Registered Agent Date	
If signing on bel	nalf of an entity:	
Ту	ped 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)