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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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REGISTERED AGENT CHANGE CHARTSPAN MEDICAL TECHNOLOGIES, INC.

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

statement of cha	inge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Starganized under the laws of the State of \overline{D} by the State of \overline{D} by the State of Florgistered agent, or both, in the State of Florgistered	elaware	
1. The name of t	the corporation: CHARTSPAN M	EDICAL TECHNOLOGIES, INC.		
	office address: 411 University F			
3. The mailing a	iddress (if different): PO Box 341	7, GREENVILLE, SC 29602		
		Document number: F170000	00256	
	d street address of the current register trment of State: (If resigned, enter res	red agent and registered office on file with signed)	the	
	COGENCY GLOBAL INC.			
	115 North Calhoun Street, S	uite 4		
	TALLAHASSEE, FL 32301			202
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	e LLAHAS	2023 OCT -6
	Capitol Corporate Services, Inc	J	ÀSS.	σ π
	515 East Park Avenue 2nd Fl			AM 10:
	Tallahassee, FL 32301	D. Box NOT acceptable	끄듬	53
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its r	egistered	agent,
Such change was authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an of a notified in writing of the change.	ficer so	
	a M. Wilkinson	Donna Wilkinson, EVP and (Counsel
•,		nt and agree to act in this capacity, statutes relative to the proper and compi obligation of my position as registered a in the registered office address, I hereby inge.		rmance ; if this hat the
3im 7	· ·	10/6/2023		
Sig	nature of Registered Agent	Detc		
If signing on be	half of an entity:			
	i, Assistant Secretary on behalf ypod or Printed Name	of Capitol Corporate Services, Inc.		
	* * * FILING	G FEE: \$35.00 * * *		
M.	MAKE CHECKS PAYABLE TO All. TO: DIVISION OF CORPORATION	FLORIDA DEPARTMENT OF STATE IS, P.O. BOX 6327, TALLAHASSEE, FL 32.	314	