

To:

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From: David Thomas

8/14/24, 10:12 AM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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2024 AUG 14 PM 3:06

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AGILITI HEALTH, INC.**

Certificate of Status	0
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Help

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F01000005887

(Document number of corporation (if known))

1. AGILITY HEALTH, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. DE 3. 11/13/2001  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Tom Boehning	11095 Viking Drive, Suite 300	Add
		Eden Prairie, MN 55344	<input checked="" type="checkbox"/> Remove
CEO	Tom Leonard	11095 Viking Drive, Suite 300	<input checked="" type="checkbox"/> Add
		Eden Prairie, MN 55344	<input type="checkbox"/> Remove
CFO	Jim Pekarek	11095 Viking Drive, Suite 300	<input type="checkbox"/> Add
		Eden Prairie, MN 55344	<input checked="" type="checkbox"/> Remove
CFO	Matt McCabe	11095 Viking Drive, Suite 300	<input checked="" type="checkbox"/> Add
		Eden Prairie, MN 55344	<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Scott Christensen

(Typed or printed name of person signing)

CAO, SVP, Controller

(Title of person signing)

FILING FEE \$35.00