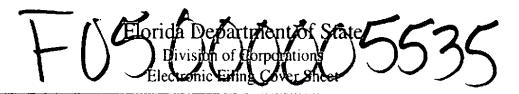
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Fax Number : (561)214-8442

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

Email	Address:					
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REGISTERED AGENT CHANGE NATIONAL JEWISH HEALTH, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State o	f Colorac			
I. The name of	the composition. NATIONAL JEWISH	d HEALTH, INC.				
	office address: 1400 JACKSON ST	REET, S718B				
2. The principal	DENVER, CO 80206					
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 09/27/2005 Document number: F050000055						
5. The name and	d street address of the current registered a runent of State: (If resigned, enter resigne	-	with the			
	CT CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND RD					
	PLANTATION, FL 33324					
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered	office	2022 NOV		
	Corporate Creations Network In	c .	_ 121			
	801 US Highway 1		 	<u></u>		
		NOT acceptable	— [17]	PH 3:		
	North Palm Beach, FL 33408		_ ==	<u>ယ</u> "		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of	its register	ed agent.		
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by a tified in writing of the change.	an officer so)		
Æ.	Souilla	Erin Saville, Attorne	y-In-Fact			
_	re of an officer or director	Printed or typed name and				
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered agent an to comply with the provisions of all state ad I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and co igation of my position as registed e registered office address, I her	omplete per red agent. (reby confirm	formance Or, if this 1 that the		
Trin	Savilla mature of Registered Agent	11/17/2022	11/17/2022			
Sig	mature of Registered Agent	Date	•			
If signing on be	chalf of an entity:					
Erin Savill	e, Special Secretary					
T	yped or Printed Name					
	* * * FILING FE	E: \$35.00 * * *				