(Requestor's Name)				
(Address)				
(,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Continued Consider to the Constitution of Cons				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Speakin motiodishis to 1 ming officer.				

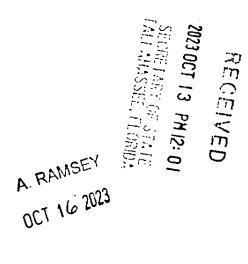
Office Use Only



500416566335

RA & RO Change







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:10/13/2023
Name:Juliana
Reference #:
Entity Name: TACTILE SYSTEMS TECHNOLOGY, INC.
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
✓ Change of Agent
Reinstatement
Conversion
Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount: \$35.00
Signature: Juliana Prestia

F: 800.944.6607

F: •852.2682.9790

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

statement of cha	nge is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.150 poration organized under the laws of th office or registered agent, or both, in th	ne State of Delaware
1. The name of t	the corporation:	ACTILE SYSTEMS TEC	HNOLOGY, INC.
2. The principal	office address: No Cha	inge	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: M	arch 13, 2007 Document numbe	r: F0700001436
	I street address of the curr tment of State: (If resigne	rent registered agent and registered officed, enter resigned)	
	Corpora	ation Service Company	
	1	201 Hays Street	
	Tallaha	ssee, FL 32301-2525	
6. The name and (if changed):	I street address of the new	registered agent (if changed) and /or re	
	115 North Cal	houn St., Suite 4	
	Tallahassee, I	FL 32301	
The street addre	ess of its registered office be identical.	and the street address of the business	office of its registered agent.
Such change wa authorized by th	is authorized by resolution he board, or the corporation	on duly adopted by its board of director on has been notified in writing of the c	s or by an officer so hange.
/s/ Elaine Bir	kemeyer	Elaine Birkemey	ver CFO
I further agree t performance of agent. Or, if thi	o comply with the provis my duties, and I am fami is document is being filea	tered agent and agree to act in this caj ions of all statutes relative to the prop liar with and accept the obligation of i I merely to reflect a change in the regis been notified in writing of this change	er and complete ny position as registered siered office address. I
/s/ Timothy Mayville		10/13/2023	
	half of an entity:	Da	ic
	mir or an emery.		

Timothy Mayville, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *