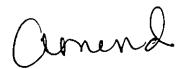
F07000001436

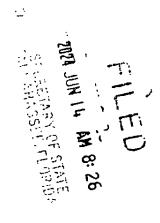
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	06/14/2024	(850) 202-1882					
	Cheyanne Davis	_					
Reference	#:2404199	_					
Entity Nam	ne: TACTILE SYSTEM	IS TECHNOLOGY INC.					
☐ Arti	cles of Incorporation/Authorization	to Transact Business					
✓ Am	✓ Amendment						
☐ Cha	Change of Agent						
☐ Rei	☐ Reinstatement						
Cor	Conversion						
Mei	☐ Merger						
Dis	☐ Dissolution/Withdrawal						
Fictitious Name							
Oth	er						
Authorized	d Amount: \$35.00						
Signature:	Charles Labora						

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)

F07000001	1436		
	Document number of corpora	tion (if known)	
Tactile Systems Technology Inc.			(0,0)
•	ation as it appears on the reco	•	1 - A'\
2. Delaware	3	/13/2007 (Date authorized to do b	700
(Incorporated under laws of	of)	(Date authorized to do b	usiness in Florida 🔨 🍼
	SECTION II		• *
(4-7 COM	IPLETE ONLY THE APPL	ICABLE CHANGES)	
4. If the amendment changes the name of the cor	poration, when was the chang	e effected under the laws of	its jurisdiction of
incorporation?			
5.			
 (Name of corporation after the amendment, ac not contained in new name of the corporation) 	dding suffix "corporation," "co	ompany," or "incorporated,"	or appropriate abbreviation, i
	,		
(If new name is unavailable in Florida, enter al	ternate corporate name adopti	ed for the purpose of transac	ting business in Florida)
6. If the amendment changes the period of d	huration indicate nous poriods	of disention	_
6. If the amendment changes the period of d	iuration, indicate new period (n duration.	
	(New duration)		
7. If the amendment changes the jurisdiction	of incorporation, indicate ne	w jurisdiction.	
			_
	(New jurisdiction	1)	
 If amending the registered agent and/or registered agent and/or the new register 		rida, enter the name of the	<u>:</u>
	ered bijlee address.		
Name of New Registered Agent			
	 		
	(Florida street addres	(35)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if chan			
I hereby accept the appointment as registered	agent. I am familiar with an	d accept the obligations of t	he position.
Signature of New Registered	d Agent, if changing		

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Director	Valerie Asbury	343 Boot Road	DAdd
		Malvern, PA 19355	 ⊘ Remove
Director	Valerie Asbury	3 Red Hawk Lane	⊠Add
		Park City, UT 84098	
	 -		Dadd
			Remove
			□Add
0			Remove
of the application of the of the of the of the of the lav	tion to the Department of State, by so of which it is incorporated.	r import, evidencing the amendment, authenticated no the Secretary of State or other official having custody	of corporate records in the jurisdiction
	Claine Birker	nege	
	(Signature a receiver	e of A director, president or other officer - if in the han e or other court appointed tiduciary, by that fiduciary)	ds of
Elaine Bi	rkemeyer	CFO	

7

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)