F07000001436

(Requestor's Name)	
(Address)	-
(Address)	_
(33.030)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
	1
	١

Office Use Only



900432168129

ETTAL -9 AM 8: 43

2024 JUL -9 AH 11: 5!

6.700m C7/05/24



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

Account#: 120000000088

For any issues please contact Cheyanne Davis Date: 07/09/2024 (850) 202-1882 Name: Cheyanne Davis 2407925 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:___

F: 800.944.6607

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)

F07000001436			
(Document number of corporation (if known)			
TACTILE SYSTEMS TECHNOLOGY, INC.			
(Name of corporation as it appears on the records of the Department of S	State)		
DE 3, 03/13/2007 (Incorporated under laws of) (Date authorized to do			
(Incorporated under laws of) (Date authorized to do	business i	n Florida	1)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)			
. If the amendment changes the name of the corporation, when was the change effected under the laws of incorporation?	of its jurisdi	iction of	
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated not contained in new name of the corporation)	." or appro	priate ab	breviation.
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of trans	acting busi	ness in F	lorida)
5. 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.	بند	50 60 60 60 60 60 60 60 60 60 60 60 60 60	
(New jurisdiction)	AT LAHASSEE	پـه ا	
If amending the registered agent and/or registered office address in Florida, enter the name of t	he S	د :	
new registered agent and/or the new registered office address:	רט די רט די רט רט	A	(Production of
Name of New Registered Agent	STATE	AH 8: 43	
(Florida street address)			
New Registered Office Address:, Floric	la		_
(City)	(Zip Ce	nde)	
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	j the positio	on.	
Control of Van Brain and Land of Landing			
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:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
CEO, Dir	Reuvers, Daniel Lee	2900 Thomas Ave S Apt 2202	□Add
		Minneapolis, MN 55416	
CEO, Dir	Dodd, Sheri Louise	4220 Moser Dome Road	ZAdd
		Joliet. Montana 59041-9612	Remove
Board Mc	Reuvers, Daniel Lee	2900 Thomas Ave S Apt 2202	Øadd
		Minneapolis, MN 55416	kemove
			DAdd 200 AM SSEE
10. Attached is a of the applica under the law	efficiency of document of similar in ation to the Department of State, by the vs of which it is incorporated.	nport, evidencing the amendment, authenticated e Secretary of State or other official having custod	not more than 90 days prior to deliver by of corporate records in the jurisdiction
	Claine Bir	f a director, president or other officer - if in the ha	ands of
□ i e	a receiver of	r other court appointed fiduciary, by that fiduciary	v)

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)