

12/5/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F 1200000341

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**REGISTERED AGENT CHANGE
ASSUREX HEALTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
16 DEC -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Corporate Filing Menu

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S. TALLENT

DEC 06 2016

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurex Health, Inc.
Name of Corporation

DOCUMENT NUMBER: F1200000341

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard M. Marsh
Name of Contact Person

Myriad Genetics, Inc.
Firm/Company

320 Wakara Way
Address

Salt Lake City, Utah 84108
City/State and Zip Code

rmarsh@myriad.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlie E. Bowen at (801) 584-3019
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Assurex Health, Inc.
2. The principal office address: 6030 S. Mason-Montgomery Rd. Mason, Ohio 45040

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/24/2012 Document number: F12000000341

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR., STE. A
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Richard M. Marsh, Secretary
Signature of an officer or director

Richard M. Marsh, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: Jane Zachritz
Signature of Registered Agent

12/02/2016
Date

If signing on behalf of an entity:

Jane Zachritz
Asst. Secretary

** FILING FEE: \$35.00 **

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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