

F12000001323

2017-01-12 12:22:35 CST

19547080845 From: Rana McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

17 JAN 12 PM 4:36

SECRET
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
CASTLIGHT HEALTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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17 JAN 12 PM 1:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JAN 13 2017
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: _____

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

CR2E043 (03/12)

17 JAN 12 PM 4:36
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: CASTLIGHT HEALTH, INC.
2. The principal office address: 121 SPEAR ST., SUITE 300
SAN FRANCISCO CA 94105
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/27/2012 Document number: F12000001323

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)

1201 HAYS STREET
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

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.

Cardell Rankin

Signature of an officer or director

Cardell Rankin/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.

By: C T Corporation System

Signature of Registered Agent

Cardell Rankin

1/11/2017

Date

If signing on behalf of an entity:

Cardell Rankin/Asst. Secretary

Typed or Printed Name

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

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

CR2E045 (03/12)

17 JAN 12 PM 4:36
DIVISION OF CORPORATIONS

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Castlight Health Inc., a Corporation incorporated under the laws of Delaware, does hereby appoint Christine Rein, Kelly Lettmann, Michelle Donato, Mandy Hendricks, Dareth Jeffers, Alan Stachura, Nicole Parnell, Sarah Revell, Ryan Nelson, Ryan Maher, Natalie Pickens, Michelle Buchheit, Jessica Molloy, Jeremy Puentes, Lars Fox, Matthew Sawyer, Shannon Diamond, JoAn Tolosa, Adam Steimel, Brad Slenker, Teah Griffin, Lauren Miller, Stacey Busch, Tony Spain, Shanna Loness, Collin Giles, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCraney, Cristina Lam, Leslie Martin, Alishia L'Heureux, Terence Hardely, Ternell Kearney, Jessica Eisele, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris (but only for so long as each of them, respectively, remains an employee of CT Corporation or an affiliate thereof) as attorney-in-fact for the Company to act for the Company and affiliates and subsidiaries of the Company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Corporation and Subsidiaries hereby grants its attorney-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, change entities' registered agent and registered office, and forms of similar import on behalf of the Corporation and Subsidiaries in any state and the District of Columbia.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Tammy Tofteroo, April Wittenwyler, Jamila Woods, Eleanor Puls, Cardell Rankin, Jenifer Vincent, Maria Sciotti, Kimberly Steinmetz, Scott White, Susan McCraney, Cristina Lam, Leslie Martin, Alishia L'Heureux, Terence Hardely, Ternell Kearney, Jessica Eisele, Denise Bell, Thomas Anderson, Kimberly Bowens and Sierra Burris shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 15 day of

November 2016
Month Year

Date

Masooma Badar
Signature

Masooma Badar, Assistant Controller
Name, Title

Sworn to and subscribed before me
this _____ day of _____
Date Month Year

Signature of Notary

Notary Public, State of _____

State

Commission Expires: _____

M/D/YYYY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco

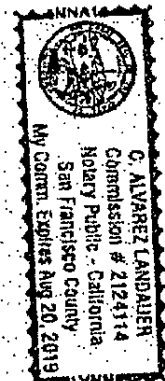
Subscribed and sworn to (or affirmed) before me this 15 day

of November 2016 by Masooma Badar

Badar, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature _____

(Seal)



Please See Exhibit A

2017-01-12 12:24:32 CST

19542080845 From: Ranae McGraw

Exhibit A
(Affiliates/ Subsidiaries)

Castlight Health, Inc. -- Domestic to the State of Delaware
Castlight, Inc. - Domestic to the State of Delaware