Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

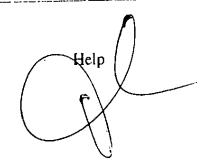
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REGISTERED AGENT CHANGE INSULET CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of chi	ange is submitted	l for a corporation orga	02, 607.1508, or 617.1508, Florida Statenized under the laws of the State of Det	aware	his
	•		tered agent, or both, in the State of Flor	rda.	
1. The name of	the corporation:	INSULET CORPORATI	ON		
2. The principal					
		ent):			
4. Date of incor	poration/qualific	ation: 05/24/2013	Document number: F130000022	:63 ———	
		of the current registered (If resigned, enter resign	agent and registered office on file with ted)	the	
	CORPORATIO	N SERVICE COMPANY			
	1201 HAYS STREET				
	TALLAHASSE	F., FL 32301-2525			2022 DEC :
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				- : : :::::::::::::::::::::::::::::::::	28 PH
	United Agent G	roup Inc.			ယ္
	801 US Highwa	y i		,	2
	North Dale Dan		x NOT acceptable		
·	North Palm Bca				
The street address changed will	ess of its register be identical.	red office and the street	address of the business office of its re	gistere	xd agent,
Such change wa authorized by th	as authorized by ne board, or the	resolution duly adopted corporation has been no	d by its board of directors or by an off stiffed in writing of the change.	icer so	
1	ξ'		Tasha Edwards, Attorney-in-Fact		
I hereby accept I further agree to offmy duties, an document is bei	the appointment of comply with the difference of the comply with the complete of the complete		Printed or typed name and title d agree to act in this capacity, utes relative to the proper and comple igation of my position as registered as e registered office address, I hereby co	te perf zent. (onfirm	formance or, if this that the
. 1	٠ ع		12/23/2022		
7	nature of Registerod	•	Date		
If signing on be	half of an entity	:			
Tasha Edwards, S					
Ty	ped or Printed Name	_			

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