

F1300004657

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H15000177823 3)))



H15000177823ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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
LIMEADE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu JUL 22 2015

Help

C. CARROTHERS

2015 JUL 22 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
15 JUL 22 PM 1:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIMEADE, INC.

Name of Corporation

DOCUMENT NUMBER: F13000004657

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:

Michael Mirione

Name of Contact Person

CT

Firm/Company

1675 Broadway, Suite 1200

Address

Denver, CO 80202

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Mirione

303

393.8800

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

CR2E045 (03/12)

FILED

2015 JUL 22 AM 9:24

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 WA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Limeade, Inc.
2. The principal office address: 10885 NE 4th St, Ste 400, BELLEVUE, WA 98004
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/28/2013 Document number: F13000004657
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)
Corporation Service Company
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.

Hiedi Liesch
Signature of an officer or director

Hiedi Liesch, 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

7/21/15
Date

If signing on behalf of an entity:

Michael Mirrione, Assistant 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)

Power of Attorney

NOTICE IS HEREBY GIVEN THAT LIMEADE ("Corporation"), INC incorporated under the laws of WASHINGTON, does hereby appoint Christine Rein, Kelly Lettmann, Michelle Donato, Mandy Hendricks, Dareth Jeffers, Collin Menkhuis, Alan Stachura, Nicole Parnell, Sarah Revelle, Ryan Nelson, Ryan Maher, Traci Houck, Natalie Pickens, Michelle Buchheit, Phally Sea, Jessica Molloy, Jeremy Puentes, Lars Fox, Sarah Copple, Matthew Sawyer, Shannon Diamond, Adam Steimel, Brad Slenker, and Tony Spain <MICHAEL MIRRIONE, HIEDI LIESCH, NANCY LYDON, STEPHANIE BOEHM> (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 Corporation to act for the Corporation and affiliates and subsidiaries of the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries") in the INC and Subsidiaries' names for the limited purposes authorized herein.

The INC 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 INC 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, MICHAEL MIRRIONE, HIEDI LIESCH, NANCY LYDON, STEPHANIE BOEHM shall exercise the power of Vice President, Secretary, Manager, and/or Member.

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

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 19 day of 07, 2015.
Date Month Year


Signature

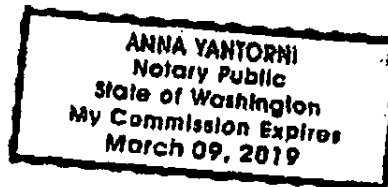
Steve Yantorni Director of Finance
Name, Title

Sworn to and subscribed before me
this 19 day of 07, 2015.
Date Month Year


Signature of Notary

Notary Public, State of WA
State

Commission Expires: 3/09/2019
M/D/YYYY



(Seal)