

F15D000001283

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(Address)

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(Business Entity Name)

(Document Number)

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AUG 6 2015

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 731342 7568599

AUTHORIZATION :

COST LIMIT : \$ 354.00

ORDER DATE : July 31, 2015

ORDER TIME : 8:47 AM

ORDER NO. : 731342-025

CUSTOMER NO: 7568599

CHANGE OF AGENT

NAME: RESHAPE MEDICAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

ja

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESHAPE MEDICAL, INC.

Name of Corporation

DOCUMENT NUMBER: F15000001283

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:

Rebecca Williston

Name of Contact Person

ReShape Medical, Inc.

Firm/Company

100 Calle Iglesia

Address

San Clemente, CA 92672

City/State and Zip Code

rwilliston@reshapemedical.com

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

For further information concerning this matter, please call:

Rebecca Williston

949

429-6680

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

**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: RESHAPE MEDICAL, INC.
2. The principal office address: 100 CALLE IGLESIA, SAN CLEMENTE, CA 92672
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/26/2015 Document number: F15000001283
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

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

Corporation Service Company

1201 Hays Street

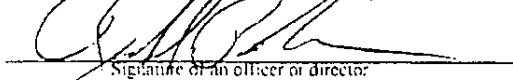
P O Box NOT acceptable

Tallahassee

FL 32301

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.



Signature of an officer or director

Richard Thompson

CEO

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.

Corporation Service Company



Signature of Registered Agent

08.05.15

Date

If signing on behalf of an officer:
Courtney Williams
Asst. Vice President

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)

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