

3/11/2019

Division of Corporations

71500003054

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
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
REDBRICK HEALTH CORPORATION**

Certificate of Status	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 12 2019

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Help

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

- 1. The name of the corporation: REDBRICK HEALTH CORPORATION
- 2. The principal office address: 510 MARQUETTE AVENUE SOUTH STE 500 MINNEAPOLIS, MN 55402
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 07/13/2015 Document number: F15000003054

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)

INCORP SERVICES, INC.
17888 67TH COURT NORTH LOXAHATCHEE, FL 33470


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

19 MAR 11 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Jennifer Kurz, Vice President
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:  _____
Signature of Registered Agent
3/8/20189
Date

If signing on behalf of an entity:
James M. Halpin
Assistant Secretary
Typed or Printed Name

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