Division of Corporations

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To:

Division of Corporations

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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:_

9 MAR | | PM |:

REGISTERED AGENT CHANGE REDBRICK HEALTH CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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To:

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

1. The name of the corporation. REDBRICK HEALTH CORPORATION 2. The principal office address: \$10 MARQUETTE AVENUE SOUTH STE \$00 MINNEAPOLIS. MN \$5402 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): CT Corporation System cto CT Corporation System, 1200 South Pine Island Road PD 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 directory or by an officer so authorized by the board, or the corporation has been notified in writing of the change of the change of the change of the componition of the change in the corporation of the change in the registered agent of the performance of my dulies, and I am Ignitian with and accept the obligation of my position as registered agent of the state of the solution of my position as registered agent of the solution of my position as registered agent of the solution of my position as registered agent of the solution of my position as registered agent of the solution of my position as registered agent of the solution of the component of the solution of the proper and complete performance of my dulies, and I am Ignitian 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 affice address, I hereby confirm that the corporation has been notified in writing of this change. CT Corporation System By: James M. Halpin Assignat Sane and Sane	statement of ch	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statute oration organized under the laws of the State of Tice or registered agent, or both, in the State of Florida	 -			
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* * * 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)