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.

(((H160003103373)))



H160003103373ABCY

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA0000000023

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:			

REGISTERED AGENT CHANGE LUCID GLOBAL, INC.

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03
\$35.00

DEC 20 2016

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COVER LETTER

TO:	Amendment Section Division of Corporations							
erm.	LUCID GLOBAL, INC.							
20B1	ECT:Name of Corporation							
	F16000003883							
	UMENT NUMBER:							
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all correspondence concerning this matter to the following:							
	Nikki Brown							
	Name of Contact Person							
	Sharecare, Inc.							
	Firm/Company							
	255 E. Paces Ferry Road Suite 700							
	Address							
	Atlanta, GA 30305							
	City/State and Zip Code							
	nikki@sharecare.com							
	E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter, please call:							
	Name of Contact Person at () Area Code & Daytime Telephone Number							
Enclos	sed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Street Address: Amendment Section							
	Division of Corporations Division of Corporations							
	P.O. Box 6327 Clifton Building							
	Tallahassee, FL 32314 2661 Executive Center Circle							

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	unized under the laws of the State of	Delaware
1. The name of	the corporation: Lucid Global, Inc.		
2. The principal SARASOTA	office address: 1680 FRUITVILLE ROA	.D, S-202	
	address (if different): 255 E. Paces Ferry	Road, Suite 770, Atlanta, GA 30305	
4. Date of incorp)3883		
	d street address of the current registered rtment of State: (If resigned, enter resign		th the
		201 7.5 7.5	
	1680 Fruitville Road, S-202		ZOIG DEC
		19	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered off	AN 9: 27
	c/o C T Corporation System, 1200 South	Pine Island Road	,
	P.O. Box NO	T acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its	s registered agent,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been n	d by its board of directors or by an o otified in writing of the change.	officer so
Sierre	a Burris ne of an officer or director	Sierra Burris, Secretary	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and com- accept the obligation of my position dect a change in the registered office in writing of this change.	nlate
By: Tame	poration System	12/19/16	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Tammy Tofteroo			
T	yped or Printed Name		
	* * * FILING FI	EE: \$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)