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

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
CHARTSPAN MEDICAL TECHNOLOGIES, INC.**

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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: CHARTSPAN MEDICAL TECHNOLOGIES, INC.
2. The principal office address: 411 University Ridge Suite 220
GREENVILLE, SC 29601
3. The mailing address (if different): PO Box 3417, GREENVILLE, SC 29602
4. Date of incorporation/qualification: 01/17/2017 Document number: F17000000256
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)

COGENCY GLOBAL INC.115 North Calhoun Street, Suite 4TALLAHASSEE, FL 32301

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

Capitol Corporate Services, Inc.515 East Park Avenue 2nd FlP.O. Box NOT acceptableTallahassee, 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.

Donna M. WilkinsonSignature of an officer or directorDonna Wilkinson, EVP and General CounselPrinted 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.

Brian RadeckiSignature of Registered Agent10/6/2023Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.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

CR210045 (04/13)

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