Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274 Phone Fax Number : (888)706-7274

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

<u>್ಷ</u> Email Address:_

REGISTERED AGENT CHANGE HEALTH FIDELITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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3|30|2000

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: HEALTH FIDELITY, INC.						
SUBJECT: Name of Corporation						
•	0200					
DOCUMENT NUMBER: F1800000	0299					
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:					
•	-					
Mary Castillo						
Name of Contact Person						
Registered Agent Solutions, Inc.						
Firm/Company						
Corporate Center One, 5301 Southwest Pkwy, Ste 400)					
Address						
Austin, Texas 78735						
City/State and Zip Code						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, pl	ease call:					
Mary Castillo	at (888) 705-7274					
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

15129570210

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation o r to change its registered office or r	organized under the la	ws of the State of _	Delaware	<u> </u>	
I. The name of t	the corporation: HEALTH FIDE	ELITY, INC.				
	office address: 4 W 4TH AVE					
SAN MAT	EO, CA 94402		····	<u> </u>	·	
3. The mailing a	iddress (if different):					
4. Date of incorp	poration/qualification: 1/19/2018	B Document	number: F18000	0000299		
	istreet address of the current register timent of State: (If resigned, enter re		ed office on file wi	th the		
	INCORPORATING S	SERVICES, LT	rD			
	1540 GLENWAY DR			თ	2	
	TALLAHASSEE	FL	32301	ECRE TALL	2022 HAR 29	=
6. The name and (if changed):	d street address of the new registered Registered Agent Solu		nd /or registered off	AHASSEE, F	₽	
	155 Office Plaza Dr.	Suite A		ATE	- -	
	Tallahassee	P.O. Box NOT acceptable FL 3230	1	-		
The street addre	ess of its registered office and the s be identical.	street address of the bi	usiness office of it	s registered	agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of en notified in writing	directors or by an of the change.	officer so		
Isi Dan Ma	dden	Dan Madde	n	CFO		
I harabu accant	w of an officer or ductor the appointment as registered age to comply with the provisions of al all am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to get in	ited or typed name and to this capacity he proper and com sition as registered		rmance ; if this	
document is bei corporation has	ng filed merely to reflect a change s been notified in writing of this ch	in the registered offic ange.	ce address,7 hereb	y čonfirm ti	hát the	
Mode Sign	nature of Registered Agent	03/17/202	Date			
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
T	yped or Printed Name					
	* * * FILIN	G FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(045 (04/13)