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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:11	/06/2018	
Name:	Merritt Walker	_
Reference #:	1006935	_
	STERI	INGRX, INC.
	of Incorporation/Authorization	
Amendm	ent	
Change of the control of th	of Agent	
☐ Reinstate	ement	
Conversi	on	
☐ Merger		
☐ Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount:\$35	
Signature:	. 1122	

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizedin order to change its registered office or register	zed under the laws of the Sta	ate of Minne	his sota
1. The name of the corporation:	STERLINGRX, IN	IC.	
2. The principal office address:	<u> </u>	MN	55912
3. The mailing address (if different): 905 N MAIN STREET	AUSTIN	MN	55912
4. Date of incorporation/qualification: February 28, 20	018 Document number:	F180000	01029
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	gent and registered office on		
Incorp Service	ces, Inc.		
17888 67TH COU	IRT NORTH,		
LOXAHATCHEE	, FL 33470		
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registe	ered office.	40% 8:
COGENCY GLOBAL IN	IC		-6
115 North Calhoun St.,			
Tallahassee, FL 3230	· ·		8 11 11 11 11 11 11 11 11 11 11 11 11 11
The street address of its registered office and the street a as changed will be identical.	ddress of the business offic	e of its register	ed agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or ified in writing of the chang	by an officer so ge.)
Signature of any other or director	Tim V. GALLAC	CHER T	<u> </u>
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to reflect the confirm that the corporation has been notified in	l agree to act in this capacii tes relative to the proper ar cept the obligation of my po cet a change in the registere writing of this change.	ty. id complete osition as regis d office addres.	tered s, I
Signature of Registered Agent	11/6/201	8	
If signing on behalf of an entity:	- 544		
Tim Mayville, Assistant Sevetary Typed or Printed Name *** FILING FEE	E: \$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)