F19000002928

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiness Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Brionna Henry brionna.henry@cscglobal.com

Date: May 25, 2021

Order#: 821348-013

Re: VIRGIN PULSE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Brionna Henry c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

 \underline{XX} Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	mge is submitted for a corporation or	0502, 607.1508, or 617.1508. Florida Stateganized under the laws of the State of $\overline{\sf DE}$ gistered agent, or both, in the State of Flor	
1. The name of (the corporation: VIRGIN PULSE, INC		
2. The principal	office address: 75 Fountain Street Su	uite 310 Providence, RI 02902	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/25/2019	Document number: F19000002	2928
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with tigned)	the
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD)	
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Corporation Service Company		2021 HAY 27 SECRETARE
	1201 Hays Street		27 2866 2866
	Tallahassee	FL 32301	AH II: 0
The street addre	ess of its registered office and the str be identical.	eet address of the business office of its re	gistered agen.
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	pted by its board of directors or by an off i notified in writing of the change.	icer so
Signature of an officer or director		Jill Cilmi, Vice President	
		Printed or typed name and title	
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan n Service Company	statutes relative to the proper and comple obligation of my position as registered as 1 the registered office address, I hereby c	tte performance gent. Or, if this confirm that the
By: <u>Wrace</u>	2-Kuby	05/25/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
Ty	sped 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 CR2E045 (04/13)