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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

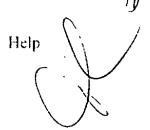
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## REGISTERED AGENT CHANGE BARDY DIAGNOSTICS, INC.

Certificate of Status	0
Certified Copy	1
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## To:

## 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. BARDY DIAGNOSTICS, INC. The name of the corporation: 2. The principal office address: 130 East Randolph Street Suite 1000 Chicago, IL 60601 3. The mailing address (if different): 4. Date of incorporation/qualification: \_\_\_\_9 09.2019 F19000004222 Document number: 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) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): C T Corporation System 1200 South Pine Island Road P.O. Box: NOT acceptable Plantation, Florida 33324 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 presolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change. 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. C T Corporation System 9-19-2022 If signing on behalf of an entity: Jeanne Nelson, Asst. Secretary Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR26045 (04/13)

FILING FEE: \$35.00 \* \* \*

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Bv.