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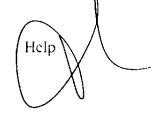
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REGISTERED AGENT CHANGE RXFUNCTION, INC.

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Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.0, ange is submitted for a corporation orgo er to change its registered office or regi	anized under the laws of the State of $\underline{{}^{h}}$	Minnesota
	the corporation: RXFUNCTION, INC.	,	
	office address: 6509 FLYING CLOUD	DR, SUITE 140, EDEN PRAIRIE, MN	55344
3. The mailing a	address (if different):		
4. Date of incorp	address (if different):	Document number: F2200000	7315
5. The name and	d street address of the current registered timent of State: (If resigned, enter resigned)	agent and registered office on file wit	
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		•
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered offi	2024 NOV -6
	1200 South Pine Island Road		0V
	P.O. B Plantation, Florida 33324	lox NOT acceptable	HASSE
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been n	ed by its board of directors or by an contilled in writing of the change.	officer so
Kethigno Me Kat		Kathryn McHride, Secretary	
I hereby accept I further agree t of my duties, an document is bei- corporation has	the appointment as registered agent a to comply with the provisions of all stad I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change. System	Printed or typed name and title and agree to act in this capacity, attutes relative to the proper and com- pligation of my position as registered the registered office address, I hereby e. 10/21/2024	nlata nerformanca
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Natalie P	rickens, Assistant Secretary		
т	pped or Printed Name * * * FILING F	EE: \$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)

By: