DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/16/2022	202222803602	Agent Change Of Address (FGA)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

GIFTHEALTH, INC.
118 GRACELAND BLVD
STE #206
COLUMBUS, OH, 43214

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4582663

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

GIFTHEALTH (GIFTHEALTH, INC.)

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Agent Change Of Address	**202222803602**

Effective Date: 08/16/2022

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of August, A.D. 2022.

Ohio Secretary of State

Form 521 Prescribed by:

Date Electronically Filed: 8/16/2022

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent

- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- ☒ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: GIFTHEALTH (GIFTHEALTH, INC.)

Charter, License or Registration No.: 4582663

Name of Current Agent: NICHOLAS POTTS

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Name of Agent

Mailing Address

City | State: OH | ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLC

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____ (Name of Agent), named herein as the

statutory agent for _____ (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: _____

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

266 N 4TH ST. STE 200

Mailing Address

COLUMBUS

City

OH

State

43215

ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

GIFTHEALTH, INC.

Signature

NICHOLAS POTTS

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name