STATEMENT OF CHANGE

OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
SDCL 59-11-11

Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Filing Fee: $10

Total Fee: $10

1. Business ID and Name:

NS010743
BUSINESS ID

SANFORD HEALTH
BUSINESS NAME

2. The name and address of the registered agent on file (Old Agent Name):

Street Address

JENNIFER GRENNAN
2301 E 60TH STREET N
SIOUX FALLS, SD 57104

Mailing Address

JENNIFER GRENNAN
PO BOX 5039
SIOUX FALLS, SD 57117-5039

3. The NEW South Dakota Registered agent's name

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA#: **0000002**

Street Address

C T CORPORATION SYSTEM
319 S COTEAU ST
PIERRE, SD 57501-3187

Mailing Address

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

05/17/2021
Dated

Email (Optional)

Jennifer Grennan (Electronically Signed)
Signature of an Authorized Person

Jennifer Grennan
Printed Name

Chief Legal Officer
Title