

Company number 01427917

PRIVATE COMPANY LIMITED BY SHARES

WRITTEN RESOLUTIONS

of

HEALTHCLASS LIMITED (the Company)

**31 August
..... 2023 (the "Circulation Date")**

Pursuant to Chapter 2 of Part 13 of the Companies Act 2006, the directors of the Company propose that the following resolutions are passed as special resolutions (the "**Resolutions**").

SPECIAL RESOLUTIONS

1. CHANGE OF COMPANY NAME

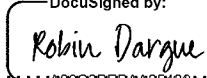
THAT, the name of the Company be changed to Ruby DCO Eight Limited.

2. SOLE DIRECTOR APPOINTMENT

THAT, notwithstanding what is set out in the articles of association of the Company (the "**Articles**"), the Company shall be entitled to appoint a sole director and such director shall have the authority to exercise all powers and discretions of the directors conferred by the Articles and are vested in the directors generally and the Articles shall be construed as amended accordingly.

AGREEMENT

Please read the notes at the end of this document before signifying your agreement to the Resolutions. The undersigned person being the sole shareholder entitled to vote on the Resolutions on the Circulation Date, hereby irrevocably agrees to the Resolutions.

DocuSigned by:

Name
for and on behalf of
ADMENTA HOLDINGS LIMITED (being the sole shareholder of the Company)

Date: 31 August
.....2023

NOTES

- 1 If you agree with the Resolutions, please indicate your agreement by signing and dating this document where indicated above and returning it to the Company by post to the Company's registered office.
- 2 If you do not agree to the Resolutions, you do not need to do anything: you will not be deemed to agree if you fail to reply.
- 3 Once you have indicated your agreement to the Resolutions, you may not revoke your agreement.
- 4 Unless, by the expiry of 28 days beginning with the Circulation Date, sufficient agreement has been received for the Resolutions to pass, it will lapse. If you agree to the Resolutions, please ensure that your agreement reaches us before or during this date.
- 5 If you are signing this document on behalf of a person under a power of attorney or other authority please send a copy of the relevant power of attorney or authority when returning this document.