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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date:5/24/2018	Account#. 12000000000
Name: Merritt Knickle	
Reference #:C022144	
Entity Name: THE BRIGHAM AND WOMEN'S HOSPITAL, INC	<u>.</u>
☐ Articles of Incorporation/Authorization to Transact Busines	SS .
Amendment	
☑ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: <u>\$35</u> Signature:	

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## 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 org er to change its registered office or reg	ganized under the laws of the St	ate of Massach	this nusetts
	the corporation: THE BRIGHA			AL, INC
	office address:			
	75 Francis Street	Boston	MA	02115
3. The mailing a	address (if different):			
· <del>-</del>	75 Francis Street	Boston	MA	02115
_	poration/qualification: January 27	, 2003 Document number:	F030000	00439
5. The name and	d street address of the current registere rtment of State: (If resigned, enter resigned)	d agent and registered office or		
	CT Corpora	tion System		
	Plantation,	FL 33324		
	1200 South Pi	ne Island Road	SEC	<b>8</b> 103
6. The name an (if changed):	d street address of the new registered a		AHASSEE,	TILE
				<b>E</b> [
	115 North Calhoun S	It., Suite 4  NOT acceptable	REF	<b>8</b>
	Tallahassee, FL 323		<b>▷</b>	-
as changed will	ress of its registered office and the strong less than the strong less authorized by resolution daily adopthe board, or the corporation has been			
I Loch	and	Mark Thomas	Vice Pres	sident
I Hereby accept further agree performance o agent. Or, if the hereby confirm	the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with an his document is being filed merely to that the corporation has been notified greature of Registered Agent	ia accept the obligation of my preflect a change in the register	ity. ind complete position as regi red office addre	istered ss, [
	ehalf of an entity:			

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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