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

Account#: I20000000088

Date:5/24/2018	7.000d11t#. 12000000000
Name: Merritt Knickle	
Reference #:	
Entity Name: THE MCLEAN HOSPITAL CORPORATION	N
Articles of Incorporation/Authorization to Transact Busine	ss
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 inge is submitted for a co r to change its registered	rporation organized	under the laws of the St	ate of <u>Massact</u>	this rusetts	
1. The name of t	the corporation:T	HE MCLEAN	HOSPITAL C	ORPORA	TION	
	office address:				_	
	115 Mill Street	•	Belmont	MA	02478	
3. The mailing a	ddress (if different):					
	115 Mill Street		Belmont	MA	02478	
4. Date of incorporation/qualification: July 12, 2010 Document number:			F100000	F10000003123		
	I street address of the cur rtment of State: (If resign		and registered office on	file with the		
	CT_	Corporation	System			
	Pla	intation, FL	33324		هــه	
	1200 S	outh Pine Is	land Road		. œ	
6. The name and (if changed):	d street address of the nev	w registered agent (if	changed) and /or registe	ered office	18 HAY 24 AH	
	COGENCY C	SLOBAL INC	•	&	3 Z E	
	115 North Ca					
	Tallahassee,	P.O. Box NOT acces	Lable			
The street address changed will	ess of its registered offic be identical.	e and the street addi	ess of the business offic	ce of its registe	red agent,	
	as authorized by resoluti he board, or the corporat					
/_//			Mark Thomas	Vice Pres	ident	
I hereby accept I further agree performance of	the appointment as reg to comply with the provi my duties, and I am fan is document is being file that the corporation ha	isions of all statutes niliar with and accep ed merely to reflect a	relative to the proper a of the obligation of my p a change in the regisler	ity. nd complete position as regi	stered ss, I	
$ \left( \frac{1}{S_{ii}} \right)$	mature of Registered Agent	<u> </u>	May 8, 2	2018		
•	ehalf of an entity:					

## Tim Mayville, Assistant Secretary

Typed or Printed Name

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