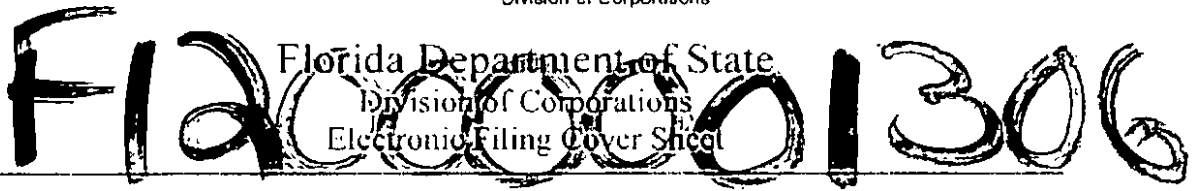


8/23/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000247055 3)))



H180002470553ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
 18 AUG 24 PM 1:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
 MOUNT SINAI GENOMICS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

2018 AUG 24 AM 10:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

Resubmission Keep Date 8/23/18

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature
 1/1

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176380
FROM	Kimberly Laughrey
DATE	2018-08-24 10:51:46 CST
RE	Mount Sinai Genomics, Inc Resubmission Keep Date 8/23/18

COVER MESSAGE

Resubmission Keep Date 8/23/18

Patrick Duffy
 Associate Fulfillment Specialist
 Global Fulfillment Operations
 CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801
www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mount Sinai Genomics, Inc

2. The principal office address: 333 Ludlow Street, South Tower, 3rd Floor, Stamford, CT 06902

3. The mailing address (if different):

4. Date of incorporation/qualification: DE Document number: F17000001306

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cogency Global Inc
115 N Calhoun St, Ste 4
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Matthew Rosamend, Treasurer, Secretary, CT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System
By: Margaret E. Routzahn
Signature of Registered Agent

8/22/18
Date

If signing on behalf of an entity: MARGARET E. ROUTZAHN
Special Assistant Secretary

Type or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR20045 (03/12)

FILED
2018 AUG 29
Tallahassee, FL
AUG 29 10 46 AM '18