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	115 N CALHOUN ST., ST TALLAHASSEE, FL 3230 866.625.0838 COGENCYGLOBAL.CO
Date:5/24/2018	Account#: 12000000
Name: Merritt Knickle	
Reference #: C022144	
Entity Name: THE MASSACHUSETTS GENERAL H	
Articles of Incorporation/Authorization to Tran	
Change of Agent	
Reinstatement	
Reinstatement Conversion	
Reinstatement Conversion Merger	

Authorized Amount: <u>\$35</u> Signature: <u>MV4K</u>

 FICORPORATE HQ

 COGENCY GLOBAL INC

 IC E 4C

 ST, ID "FL

 NY, NY 10016

 800.221.0102

 +1.212.947.7200

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EUROPEAN HQ
 COGENCY GLOBAL (U/O LIM/TED
 REGISTERED IN ENGLAND & WALES
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 GEMISER 4500077
 G BEMISEMARKS, DEEL
 LONDON EC3A 78A
 44 (0)20.3786/1090



 ASIA PACIFIC HQ COGENCY GLOBAL (HK) HMITFD AHONG (OKGL) & TED COMPANY INFINITUS PLAZA, 12 F EL H99 DES VOEUX RD CENTRAL HONG KONG +852,3975,1803

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

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

1. The name of the comoration	THE MASSACHUSETTS	GENERAL	HOSPITAL I	NC.
1. The hame of the corporation				

2. The principal office address:

55 Fruit Street	Boston	MA	02114
3. The mailing address (if different):			
55 Fruit Street	Boston	MA	02114

4. Date of incorporation/qualification: January 23, 2003 Document number: F0300000431

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)

	CT Corporation System	S∐XI	2018	
	Plantation, FL 33324	ECRE	IO MAY	Т
	1200 South Pine Island Road	가지	Y 24	F
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	COF STA	AM 8:	Ē
	COGENCY GLOBAL INC.	NON -		
	115 North Calhoun St., Suite 4			
	Tallahassee, FL 32301			
The street addre as changed will	ss of its registered office and the street address of the business office of its re be identical.	gistered :	agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so		
hall		Preside	nt	
/	re of an officer or director Printed or typed name and title			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple my duties, and I am familiar with and accept the obligation of my position as is document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change.	te registere ddress, I	ed	
$-\mathcal{T}$	May 8, 2018			
	half of an entity:			

÷

Tim Mayville, Assistant Secretary

Typed 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 CR2E045 (03/12)