

F100000002798

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MAY 25 2018

L. ALBRITTON



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

Account#: I20000000088

Date: 5/24/2018

Name: Merritt Knickle

Reference #: C022144

Entity Name: PARTNERS HEALTHCARE SYSTEM, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: \$35

Signature: *Merritt Knickle*

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NUMBER
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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TALLAHASSEE, FL 32301
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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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: **PARTNERS HEALTHCARE SYSTEM, INC.**
- 2. The principal office address: **800 Boylston Street, Ste. 1150 Boston MA 02199**
- 3. The mailing address (if different): **800 Boylston Street, Ste. 1150 Boston MA 02199**
- 4. Date of incorporation/qualification: **June 18, 2010** Document number: **F10000002798**
- 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
Plantation, FL 33324
1200 South Pine Island Road

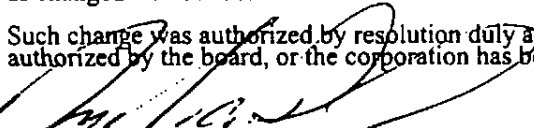
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COGENCY GLOBAL INC.
115 North Calhoun St., Suite 4
P.O. Box NOT acceptable
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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 so authorized by the board, or the corporation has been notified in writing of the change.



 Signature of an officer or director

Mark Thomas Vice President

 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.



 Signature of Registered Agent

May 8, 2018

 Date

If signing on behalf of an entity:
Tim Mayville, Assistant Secretary

 Typed or Printed Name

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