

F11000002359

Florida Department of State
Division of Corporations
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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 New York
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New York Society for the Relief of the Ruptured and Crippled Maintaining the Hospital for Special Surgery, Inc.

2. The principal office address: 535 E 70th Street, New York, NY 10021

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/03/2011 Document number: F11000002359

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)

Hahn-Saperstein, Marcy

2255 Glades Rd #421A

Boca Raton, FL 33431

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

NRAI Services, Inc.

1200 Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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]
Signature of an officer or director

10/12/15
Printed or typed name and date

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]
Signature of Registered Agent

10/14/15
Date

If signing on behalf of an entity:

Angel Nunez

Assistant Secretary

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

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