F11000002806

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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JUN 5 2015 C LEWIS



CSC - WILMINGTON
Suite 400°
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 26, 2015

Order#: 636232-004

Re: BROADREACH MEDICAL RESOURCES INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis | mized under the law | vs of the State of New Jers | | |
|---|--|---|---|-----------------|--|
| 1. The name of | the corporation: BROADREACH MEDIC | AL RESOURCES | INC. | | |
| 2. The principal | office address: 140 E Ridgewood Ave. | Suite 415, Paramu | ıs, NJ 07652 | | |
| 3. The mailing a | address (if different): 1350 Broadway, S | uite 410, New Yorl | k, NY 10018 | | |
| 4. Date of incorporation/qualification: 07/11/2011 Document number: F11000002806 | | | | | |
| | d street address of the current registered runent of State: (If resigned, enter resign | | ed office on file with the | | |
| | NRAI Services, Inc | | · | | |
| | 1200 South Pine Island Road | | | | |
| | Plantation | FL | 33324 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | Corporation Service Company | | | ب ب | |
| 1201 Hays Street | | | | | |
| | P.O. Box NC Tallahassee | OT acceptable FL | 32301 | | |
| The street addr | ess of its registered office and the stree I be identical. | t address of the bu | siness office of its register | red agent, | |
| Such change w authorized by t | as authorized by resolution duly adopte he board, or the corporation has been n | ed by its board of doublet in writing o | lirectors or by an officer so of the change. | S | |
| Signature of an officer or director WAYWE FLASCITUMON, CO | | | | | |
| agent. Or, if the hereby confirm | t the appointment as registered agent a to comply with the provisions of all sta f my duties, and I am familiar with and his document is being filed merely to re h that the corporation has been notified on Service Company | tiect a change in tr | ne registerea office adares | stered ss, I | |
| Ву: | grature of Registered Agent | 05/20/2 | 015 Date | | |
| If signing on b | ehalf of an entity: | | | | |
| | , Assistant Vice President | | | | |
| Typed or Printed Name | | | | | |

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