F110000004058

(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:

Office Use Only



100313896111



18 MAY 21 AH 11: 08

RARUCIE

MAY 25 2018

I ALBRITTON



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

Account#: 120000000088

Date: 5/24/2018	Accounts. 12000000000
Name: Merritt Knickle	
Reference #:C022144	
Entity Name: THE GENERAL HOSPITAL CORPORATION	<u>ON</u>
Articles of Incorporation/Authorization to Transact Busin	ess
Amendment	
✓ Change of Agent	
Reinstatement	
☐ Conversion	
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	_ _
A 11	
Authorized Amount: \$35 Signature: WHK	

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

©EUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED

PEGISTRED IN ENGLAND A WALES

PEGISTRY (ACCOP)

6 BEYIS MARKS, ™FE

LONDON EC3A 7BA

+44 (0)20.3786.1090

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) I IMITED
AHORICKONG LA TECTOMPANY
INFINITUS PLAZA, 17:11 FL
199 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**

statement of cha	provisions of sections 607.05 ange is submitted for a corpor	ration organized unde	er the laws of the St	ate of Massach	
in orde	er to change its registered offi	• -			TION
1. The name of	the corporation:	GENERAL H	IOSPITAL C	ORPORA	TION
2. The principal	office address:				
	55 Fruit Street		Boston	<u> MA</u>	02114
3. The mailing a	address (if different):				
	55 Fruit Street		Boston	MA	02114
4. Date of incorporation/qualification: October 10, 2011 Document number:			F110000	04058	
	d street address of the current rtment of State: (If resigned, e		registered office on	file with the	
	CT Co	rporation Sys	stem		
	Plant	ation, FL 33	324	TAL	2011
	1200 Sou	th Pine Islan	d Road	LAH.	7018 HAY 21
6. The name and (if changed):	d street address of the new reg	-	iged) and /or registe	m's:	3 17
	COGENCY GLO	DBAL INC.		SIAIE LORID	
	115 North Calho		2 4		90
	Tallahassee, FL	P.O. Box NOT acceptable 32301			
The street addr	ess of its registered office an	d the street address o	of the business office	e of its registere	ed agent,
Such change wanthorized by the	as authorized by resolution d he board, or the corporation i	uly adopted by its bo has been notified in v	eard of directors or writing of the chang	by an officer so ge.	
Jan /	ure of an officer or director	<u>N</u>	ark Thomas	Vice Presi	dent
I hereby accept I further agree performance of	the appointment as registere to comply with the provision my duties, and I am familian is document is being filed me that the corporation has bee	r wiin ana accepi ine	o act in this capacitive to the proper ar	ty. 1d complete osition as regist	ered ;, I
R			May 8,	2018	
Sig	mature of Registered Agent		Date		
If signing on be	chalf of an entity:				

Tim Mayville, Assistant Secretary

Typed or Printed Name

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