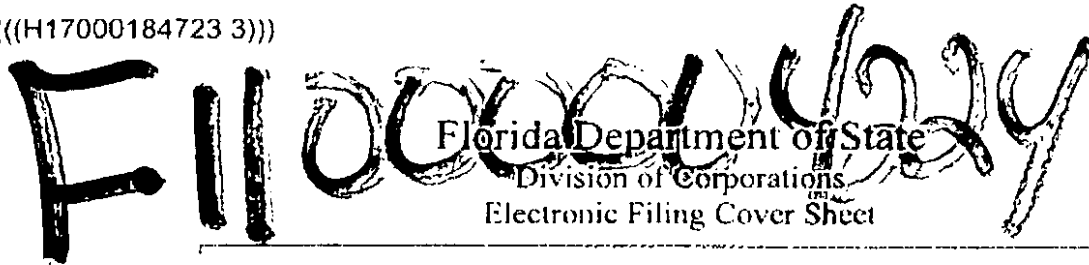


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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

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REGISTERED AGENT CHANGE
PARTNERS IN HEALTH, A NONPROFIT CORPORATION

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From:

07/14/2017 15:00

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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 IN HEALTH, A NONPROFIT CORPORATION

2. The principal office address: 800 Boylston Street Suite 1400 Boston, MA 02199

3. The mailing address (if different):
1808 Aston Avenue Suite 230 Carlsbad, CA 92008

4. Date of incorporation/qualification: _____ Document number: _____

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)

InCorp Services, Inc.

17888 67th Court North Loxahatchee, FL 33470

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 Tallahassee, FL 32301

P.O. Box NOT acceptable

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

Lori Silver

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. 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

7/14/2017

Date

If signing on behalf of an entity:

Cogency Global Inc.

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)

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