

6/8/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2020 JUN -9 AM 8:25

2020 JUN -9 AM 9:49

**REGISTERED AGENT CHANGE
 VIRGINIA MASON MEDICAL CENTER, CORPORATION**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

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JUN 10 2020

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Corporate Filing Menu

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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 Washington in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: VIRGINIAMASONMEDICALCENTER,CORPORATION
2. The principal office address: 1100 NINTH AVE, SEATTLE, WA 98101
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/13/2012 Document number: F12000002479

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)

WARDELL,SETH
441S.ROSCOEBLVD
PONTEVEDRABEACH,FL32082

2020 JUN -9 AM 9:50

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

CTCorporationSystem
c/oCTCorporationSystem,1200SouthPineIslandRoad
P.O.Box NOT acceptable
Plantation,Florida33324

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: Lynne A. Chafetz, SVP & General Counsel

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.

CTCorporationSystem
By: Chantalle Rufen-Blanchette 5/15/2020
Signature of Registered Agent Date

If signing on behalf of an entity:
Chantalle Rufen-Blanchette, Assistant Secretary
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
CR2F045 (03/12)