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FEB 1.3 2017 CMCWAIR



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 7, 2017

Order#: 500735-010

Re: RADIUS HEALTH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

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: Ami Casper

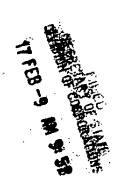
c/o Corporation Service Company
2711 Centerville Road, Suite 400

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

	provisions of sections 607.0 inge is submitted for a corpo				
	r to change its registered of				
1. The name of	the corporation: RADIUS H	EALTH, INC.	_		
2. The principal	office address: 950 Winter	Street, Waltham, MA 0)2451		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:09/0	06/2016 Doc	ument number	F16000003952	
	I street address of the current tment of State: (If resigned,		gistered offic	e on file with the	
	C T Corporation System				
	1200 South Pine Island Ro	oad			2
	Plantation, FL 33324				
6. The name and (if changed):	I street address of the new re	egistered agent (if chang	ed) and /or re	gistered office	- S
	Corporation Service Comp	oany			4
	1201 Hays Street				
	T II I	P.O. Box NOT acceptable	EL 00004		
	Tallahassee		FL 32301		
The street addre	ess of its registered office as be identical.	nd the street address of	the business	office of its registered a	agent,
Such change was authorized by the	s authorized by resolution to board, or the corporation	duly adopted by its boa has been notified in wi	rd of directors iting of the cl	s or by an officer so hange.	
4		Brent Ha	tzis-Schoch	Secretary	
-	re of an officer or director		• •	name and title	
nereuv conntrii.	the appointment as register to comply with the provision my duties, and I am familic is document is being filed nather the corporation has be n Service Company	red agent and agree to ns of all statutes relativ or with and accept the o nerely to reflect a chang een notified in writing o	act in this cape to the proper bligation of notes in the regis of this change.	oacity. er and complete ny position as registere tered office address, I	rd
By: Sum	aneper		02/07/2017	7	
0 Sign	nature of Registered Agent		Da	(c	
If signing on bel	half of an entity:				
Sylvia Queppet	, Asst. Vice President				
Ty	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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