

F170000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

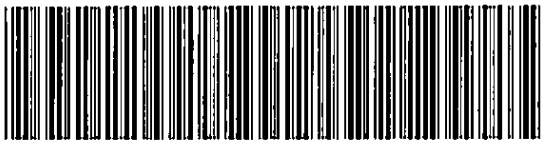
(Business Entity Name)

(Document Number)

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OCT 23 2018
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/22/2018

Name: Marisa Kugelmann

Reference #: 1003633

Entity Name: HENRY FORD HEALTH SYSTEM INCORPORATED

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$35.00

Signature: *Marisa Kugelmann*

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

1. The name of the corporation: HENRY FORD HEALTH SYSTEM INCORPORATED

2. The principal office address: 1191 South Blvd E Rochester Hills MI 48317

3. The mailing address (if different): 1191 South Blvd E Rochester Hills MI 48317

4. Date of incorporation/qualification: January 20, 2016 Document number: F17000000127

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.

LOXAHATCHEE, FL 33470

17888 67TH COURT NORTH,

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

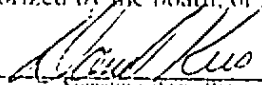
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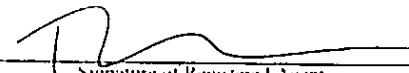
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

DANIEL KUO, VP, PHARMACY SERVICE
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. 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.


Signature of Registered Agent

10/22/2018
Date

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary
Typed or Printed Name

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