2016-12-06 15:58:52 CST

19542080845 From: Ranae McGraw

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

(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.

Address:

REGISTERED AGENT CHANGE T2 MEDICAL, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|------------------------|--|---|
| T2 M SUBJECT: | edical, Inc. | |
| oobole. | Name of Corp | oration |
| DOCKING SERVER AT | P17113 | |
| DOCUMENT N | | |
| The enclosed Stat | tement of Change of Registered Office/A | agent and fee are submitted for filing. |
| Please return all c | correspondence concerning this matter to | the following: |
| | Melanie K. Luker | |
| | Name of Contac | et Person |
| | CVS Health | |
| | Firm/Comp | pany |
| | One CVS Drive | • |
| | Address | |
| | | • |
| | Woonsocket, RI 02895 | |
| | City/State and 2 | Cip Code |
| | isabel.amado@cvshealth.com | · · · · · · · · · · · · · · · · · · · |
| • | E-mail address: (to be used for futu | re annual report notification) |
| | • | |
| For further inform | nation concerning this matter, please call | : |
| CT Corporation Sy | stem | 800 225-2034 |
| | ame of Contact Person | Area Code & Daytime Telephone Number |
| 346 | or conduct to so | |
| Enclosed is a \$35. | .00 check made payable to the Departme | nt of State. |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flort hange is submitted for a corporation organized under the laws of the State der to change its registered office or registered agent, or both, in the State | of Delaware , | - | |
|--|---|----------------------|--------|---|
| 1. The name of | f the corporation: T2 MEDICAL, INC. | | | |
| | al office address: | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | rporation/qualification: 01/29/1988 Document number: P171 | 13 | | |
| | nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned) | with the | | |
| | CORPORATION SERVICE COMPANY | | | |
| | 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered: | 广系 | 16 DEC | - |
| | C T Corporation System | | -7 | I |
| | c/o C T Corporation System, 1200 South Pine Island Road | | * : | C |
| | P.O. Box NOT acceptable Plantation, Florida 33324 | ORIDA ORIDA | : 07 | |
| The street address changed will | ress of its registered office and the street address of the business office o | f its registered age | nt, | |
| Such change was authorized by th | vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change. | an officer so | | |
| Signatur | wre of an officer of director Printed or Typed name and | | - | |
| I hereby accept I further agree to performance of agent. Or, if thi hereby confirm | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and c f my duties, and Lam familiar with and accept the obligation of my posit as document is terns filed merely to reflect a change in the registered of that the comforation has been notified in writing of this change. | | | |
| By: | rporation System 08/19/16 | | | |
| Sign | enature of Registered Agent Date | | • | |
| Olga Hinkel, VP | · · · · · · · · · · · · · · · · · · · | | | |
| Ту | yped or Primed 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)