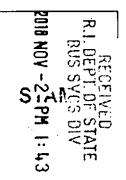
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Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00



Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island 2. Exact Name of the Corporation 1. Entity ID Number 000542332 The Brigham and Women's Hospital, Inc.

3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address 222 Jefferson Boulevard			
City/Town Warwick	State RHODE ISLAND Zip 02888		
4. The name of the registered agent as PRESENTLY shown	in the records on file with the	RI Department of State:	
Cogency Global Inc.			

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F TL	 I casistacad at	Kina ia:		

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence	State RHODE ISLAND	Zip 02914	

- 6. The name of the NEW registered agent is:
- C T Corporation System
- 7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.
- 8. The change was authorized by a resolution duly adopted by its board of directors.

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Date Name of President/Vice President of the Corporation 10/29/2018 Michele Holden, Vice President

Signature of President/Vice President of the Corporation

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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