## REGISTERED NON-PROFIT CORPORATION

| No Filing Fee  | ID Number: <u>57807</u>  |
|--|--|
|  | ANGE OF REGISTERED OFFICE<br>EGISTERED AGENT   |
| Pursuant to the provisions of Sections 7-6-13(d) or registered agent submits the following statement for the registered office of the corporation named herein | 7-6-78(d) of the General Laws, 1956, as amended, the undersigned the purpose of changing the agent's business address and the address to another place within the state: |
| 1. The name of the corporation is  |  |
|  | Shriners Hospitals for Children  |
| 2. The address of the registered office as PRESENTLY Secretary of State is:  | shown in the corporate records on file with the Rhode Island   |
| 10 Weybosset Street, Providence, Rhode Isla  | and 02903  |
| 3. The address of the NEW registered office is:  |  |
| 10 Dorrance Street, Suite 530, Providence, Rh  | node Island 02903  |
| 4. A copy of this Statement has been mailed to the corp  | poration.  |
| Date: 2/8/2013   | Kenneth J Uva, Vice President  |
|  | Print Name of Registered Agent   |
|  | Kenneth J Uva  |
|  | Signature of Registered Agent  |
|  |  |
| F  | ILED   |
| FEB  | 1 2 2013   |

BY \_\_\_\_\_



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

