



**REGISTERED AGENT
SOLUTIONS INC**

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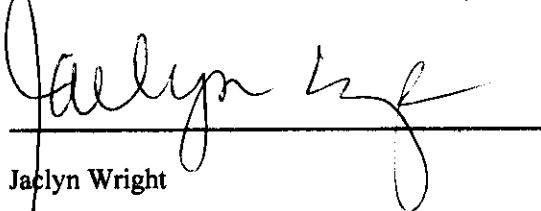
RESIGNATION OF REGISTERED AGENT

Pursuant to the Laws of the State of Rhode Island, the undersigned submits the following statements the purpose of resigning as the registered agent in the State of Rhode Island.

1. Name of the entity: LEMAITRE VASCULAR, INC.
2. Entity Identification Number: 000158721
3. The entity is: ☐ Domestic ☒ Foreign ☒ Corporation
☐ Limited Liability Company ☐ Limited Partnership ☐ Limited Liability Partnership
4. Name of Current Registered Agent: REGISTERED AGENT SOLUTIONS, INC.
5. Current Registered Agent Address: 222 JEFFERSON BOULEVARD, SUITE 200
WARWICK, RI 02888
6. Written notice of the resignation has been given by the undersigned registered agent to the entity at the address of the entity most recently known by the agent.
7. The undersigned registered agent hereby resigns from serving as agent for service of process for the entity. The registered office is also discontinued.
8. This statement of resignation shall take effect on the earlier of the 31st day after the day on which it is filed or the appointment of a new registered agent for the represented entity.

DATED 11/06/2015

REGISTERED AGENT SOLUTIONS, INC.



Jaclyn Wright

Assistant Secretary

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RECEIVED
STATE OF RHODE ISLAND
SECRETARY OF STATE
OFFICE