REGISTERED AGENT SOLUTIONS INC

Corporate Office
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RESIGNATION OF REGISTERED AGENT

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

2015 NOV 23 AM 11:21

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.

REGISTERED AGENT SOLUTIONS, INC.

DATED 11/06/2015

Jaclyn Wright
Assistant Secretary