



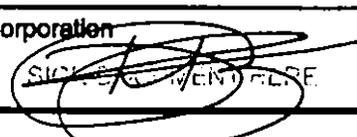
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV
 2019 MAR 15 AM 9:08

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:

1. Entity ID Number 000026645	2. Exact Name of the Corporation HOSPITAL PROPERTIES, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 167 Point Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: KENNETH E. ARNOLD			
5. The address of the NEW registered office is: Street Address (NQI a P.O. Box) 245 Chapman Street, Suite 200			
City/Town Providence	State RHODE ISLAND	Zip 02905	
6. The name of the NEW registered agent is: Paul J. Adler			
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.			
<i>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.</i>			
Name of President/Vice President of the Corporation NICHOLAS DOMINICK JR		Date 3/12/2019	
Signature of President/Vice President of the Corporation 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 15 2019

BY **H49TF**
A.A. 9:08 AM

FORM 641 - Revised: 11/2017