



State of Rhode Island

Department of State - Business Services Division

REC'D RI SOS BSD
24 JUL 2 PM 1:35:40**Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 001733115		2. Exact Name of the Corporation Shockwave Medical, 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, SUITE 200			
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: CORPORATION SERVICE COMPANY			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> 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. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) _____			
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.			
Name of Authorized Officer of the Corporation LAURA MCFALLS, ASSISTANT SECRETARY			Date 05/29/2024
Signature of Authorized Officer 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

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BY 17289