

**P 17 113**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
T2 MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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DEC 08 2016

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** T2 Medical, Inc.  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P17113  
\_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melanie K. Luker  
\_\_\_\_\_  
Name of Contact Person

CVS Health  
\_\_\_\_\_  
Firm/Company

One CVS Drive  
\_\_\_\_\_  
Address

Woonsocket, RI 02895  
\_\_\_\_\_  
City/State and Zip Code

isabel.amado@cvshealth.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CT Corporation System at ( 800 ) 225-2034  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

- 1. The name of the corporation: T2 MEDICAL, INC.
- 2. The principal office address: \_\_\_\_\_  
555 17TH STREET SUITE 1500 DENVER, CO 80202
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/29/1988 Document number: P17113

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kendra Jesus Signature of an officer or director      Kendra Jesus, Secretary Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: C T Corporation System Signature of Registered Agent      08/19/16 Date

If signing on behalf of an entity:  
Olga Hinkel, VP  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314