

~~02 JUN 2016~~

PRIVATE COMPANY LIMITED BY GUARANTEE
WRITTEN RESOLUTION

02 JUN 2016

OF

HORDER HEALTHCARE ("Company")
(Company Number 3052242)

Circulation Date. 26 May 2016

Passed: 7 June 2016

Pursuant to Chapter 2 of Part 13 of the Companies Act 2006, the directors of the Company propose that the following resolution be passed as a special resolution (**Resolution**)

That the memorandum of association of the Company (deemed to form part of the articles of association) be amended by deleting the objects in clause 3 and replacing them with

"Horder Healthcare's charitable purpose is the advancement of health and the relief of patients suffering from ill health"

AGREEMENT

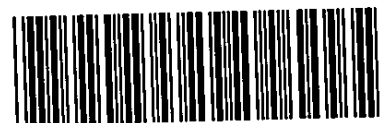
Please read the notes at the end of this document before signifying your agreement to the Resolution

The undersigned, a person entitled to vote on the Resolution on the Circulation Date, hereby irrevocably agrees to the Resolution

C C STEPHEN

Name C C STEPHEN
23/05/2016

TUESDAY



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26/07/2016

#154

COMPANIES HOUSE

NOTES

- 1 If you agree with the Resolution, please indicate your agreement by signing and dating this document where indicated above and returning it to the Company using one of the following methods

By Hand or by Post delivering the signed copy to Alison Green at Horder Healthcare, St Johns Road, Crowborough, East Sussex TN6 1XP

If you do not agree to the Resolution, you do not need to do anything you will not be deemed to agree if you fail to reply

Email: by attaching a scanned copy of the signed document to an e-mail and sending it to alison.green@horder.co.uk Please enter "Written resolution Horder Healthcare" in the e-mail subject box

- 2 Once you have indicated your agreement to the Resolution, you may not revoke your agreement
- 3 Unless you indicate your agreement to the Resolution within 28 days from the Circulation Date, it will lapse If you agree to the Resolution, please ensure that your agreement reaches us before or during this date
- 4 If you are signing this document on behalf of a person under a power of attorney or other authority please send a copy of the relevant power of attorney or authority when returning this document