State of Dhede Jeland and Drevidence Diantetions
State of Rhode Island and Providence Plantations No Fee Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222-3040
TOPE .
Limited Liability Company Statement of Change of Address of the Resident Agent
(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)
SECTION I
The name of the limited liability company is
DIVERSITY MEDICAL TRANSPORTATION SERVICE, LLC
SECTION II
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
<u>1179 ELMWOOD AVE</u> <u>PROVIDENCE</u> , <u>RI</u> <u>02907</u>
SECTION III
The NEW address of the resident agent is:
No. and Street: 433 ELMWOOD
City or Town:PROVIDENCEState: RIZip: 02907
SECTION IV
The change of address of the resident agent shall become effective upon the filing of this statement, or on (a date not prior to, nor more than 30 days after, filing this Statement)
<b>Signed this 24 Day of October, 2017 at 11:44:11 AM.</b> This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.
COLIN P. HANRAHAN Signature of Resident Agent
Form No. 642 Revised 09/07
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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

October 24, 2017 11:44 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

