## REGISTERED LIMITED LIABILITY COMPANY

| No Filing Fee  | <b>ID Number:</b> <u>622413</u>   |
|--|---|
|  | HANGE OF ADDRESS<br>SIDENT AGENT  |
| Pursuant to the provisions of Section 7-16-11(c)(1) of the G or the person signing on behalf of the resident agent, sub agent's address within this state: | deneral Laws, 1956, as amended, the undersigned resident agent, omits the following statement for the purpose of changing the |
| 1. The name of the limited liability company is:   |   |
| American Health  | aways Services, LLC   |
| 2. The address of the resident agent as PRESENTLY shown is: 222 Jefferson Blvd., Suite 200, Warwick,   | n in the records on file with the Rhode Island Secretary of State Rhode Island 02888  |
| 3. The NEW address of the resident agent is:   |   |
| 10 Dorrance Street, Suite 530, Providence  | , Rhode Island 02903  |
| 4. 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 3  | 0 days after, the filing of this Statement)   |
|  | Under penalty of perjury, I declare that the information contained herein is true and correct.                                |
| Date:2/8/2013  | Kathleen Fritz, Vice President  |
|  | Print Name of Resident Agent  |
| FILED  |   |
| FEB 1 2 2013   | Kathleen Fritz  |
|  | Signature   |
| By   |   |



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

