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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE	OF RESIDENT AGENT
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Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes as change of its resident agent and the address of its re-

	A STATE OF THE STA	us resident agent in the state of Rhode Island as follows:
1,	The name of the limited liability company is:	is resident agent in the state of Rhode Island as follows:
	Resnevic Dental, LLC	ω `
	è	
2.	The address of the resident agent as PRESE State is:	ENTLY shown in the records on file with the Rhode Island Secretary of
	401 Putnam Pike, Harmony, RI 02829	
3.	The NEW address of the resident agent is:	
	1420 Mendon Road, Cumberland, Rhode Islan	nd 02864
	_	
4.	The name of the resident agent as PRESEN State is:	ITLY shown in the records on file with the Rhode Island Secretary of
	Nicholas Pereira	
<b>5</b> .	The name of the NEW resident agent is: Alfred G. Thibodeau, Esq.	
6. ·	The appointment of a new resident agent and the become effective upon the filing of this statement.	the change of address of the resident agent, as the case may be, shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date	9/16/13	Resnevic Dental, LLC
		Print Name of Limited Liability Company
		(HILD XIII) INDIGATE
		Signature of Authorized Person

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