Filing Fee: \$20.00

ID Number: 000846848



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

Pi ch	ursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a nange of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is: DYSPHAGIA MANAGEMENT SYSTEMS LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A, EAST PROVIDENCE, RI 02914
3.	The NEW address of the resident agent is: 222 Jefferson Boulevard, , Warwick, RI 02888
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	CT Corporation System
5. 6.	The name of the NEW resident agent is: National Corporate Research, Ltd. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 10-14-14 DYSPHAGIA MANAGEMENT SYSTEMS LLC Print Name of Limited Liability Company
	FILED
	OCT 20 2014 Signature of Authorized Person
	1 No. 642 sed: 12/05 A.A. V. U.3.P.M.

Form No. 642 Revised: 12/05