Filing Fee: \$20.00

ID Number: <u>163395</u>



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

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a

| cha | hange of its resident agent and the address of its residen | at agent in the state of Rhode Island as follows: |
|-----|--|--|
| 1. | The name of the limited liability company is: The ENT Center of Rhode Island, LLC | |
| 2. | The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Nixon Peabody LLP, One Citizens Plaza, Suite 500, Providence, RI 02903 | |
| 3. | . The NEW address of the resident agent is: NO CHANGE | |
| 4. | . The name of the resident agent as PRESENTLY sh State is: Linn F. Freedman, Esq. | own in the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on file with the Rhode Islam of the records on the records on the records on the records on the records of the records of the records on the records of |
| 5. | The name of the NEW resident agent is: Stephen Zubiago, Esq. | AM 9: 30 |
| 6. | . The appointment of a new resident agent and the cha become effective upon the filing of this statement. | inge of address of the resident agent, as the case n /b shall |
| | l C | Under penalty of perjury, I declare that the information contained herein is true and correct. |
| Da | Date: | The ENT Center of Rhode Island, LLC |
| Dα | pate | Print Name of Limited Liability Company |
| | FILED - | Signature of Authorized Person |
| | NOV 1 7 2015 | |
| | B/26/272- | |
| | orm No. 642 evised: 12/05 A.A. Q'. 30 F | 4.44 6. |