Filing Fee: \$20.00



## 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 change 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:	
	Allied Surgical Specialties, LLC	
2.	The address of the resident agent as PRESENTL State is:	Y shown in the records on file with the Rhode Island Secretary of
	42 Granite Street, Westerly, RI 02891	
3.	The NEW address of the resident agent is: 125 Winnapaug Road, Westerly, RI 02891	
		9.00
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:	
	William A Nardone	
5.	The name of the NEW resident agent is:  Lori E Wycall	
<ol> <li>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.</li> </ol>		
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 3/21/16		Allied Surgical Specialties, LLC Print Name of Limited Liability Company
	FILED "	- Sni Ewy call
	MAR 2 5 2016	Signature of Authorized Person

Form No. 642 Revised: 12/05

BY CM 2708