

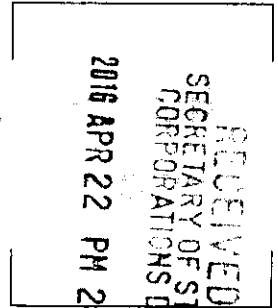


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Statement of Change of Registered Agent  
Business Corporation

Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation		
86258	Consistent Care CTG Corporation		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1130 Ten Rod Road Ste F103			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 44 North Main Road			
City/Town Jamestown		State RHODE ISLAND	Zip 02835
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Dale Miller			
6. The name of the NEW registered agent is:			
Kenneth Brewer			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation			Date
Gail M Sheahan			4/22/16
Signature of Authorized Officer of the Corporation			
Gail M Sheahan SIGN DOCUMENT HERE			

FILED

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