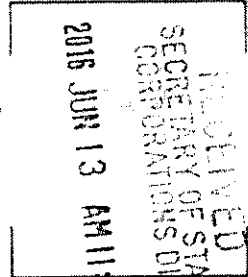




State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**Statement of Change of Resident Agent
Limited Liability Company**

Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000971163	Family Doctor Plus - RI, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 553 Kingstown Road			
City/Town Wakefield	State RHODE ISLAND	Zip 02879	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 96 Franklin Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
William Welter			
6. The name of the NEW resident agent is:			
Kelly M. Fracassa, Esq.			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ 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 Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
William Welter			6/7/2016
Signature of Authorized Person of the Limited Liability Company			
  SIGN DOCUMENT HERE			

FILED

JUN 13 2016

BY ce 216555

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