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

FILED
SECRETARY OF STATE
CORPORATIONS DIV.
2016 JUN 13 AM 11:23

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 **William Welter**		Date 6/7/2016
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE		

FILED
JUN 13 2016
BY LE 276555
11:23

Form No. 642
Revised: 2016

138038-1-1129745