Filing Fee: $20.00 **ID Number:** 127831

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2016 JUL 13 PM 2:15
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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:
   Collyer Rehabilitation Center, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   301 PROMENADE ST., PROVIDENCE, RI 02908

3. The NEW address of the resident agent is:
   650 GEO. WASHINGTON HWY., LINCOLN, RI 02865

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   JOSEPH F. WHINERY, JR., ESQ.

5. The name of the NEW resident agent is:
   JOSEPH RAHEB, ESQ.

6. 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.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 4/27/16

Collyer Rehabilitation Center, LLC
Print Name of Limited Liability Company

Henry J. Keighwin
Signature of Authorized Person
Henry J. Keighwin

FILED
JUL 13 2016
By 218922
A.A. 2:15 p.m.

Form No. 642
Revised: 12/05

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