Filing Fee: \$20.00

ID Number: 000326178



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

cha	ange of its resident agent and the address of its res	sident agent in the state of Rhode Island as follows:	
1.	The name of the limited liability company is: MPT OF PROVIDENCE, LLC		
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914		
3.	The NEW address of the resident agent is: 450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914		
4.	The name of the resident agent as PRESENTL' State is:	Y shown in the records on file with the Rhode Island Secretary of	
	National Registered Agents, Inc.		
5.	The name of the NEW resident agent is: C T Corporation System		
6.	The appointment of a new resident agent and the become effective upon the filing of this statement	e change of address of the resident agent, as the case may be, shall	
		Under penalty of perjury, I declare that the information contained herein is true and correct.	
Date: 8/12/2016		MPT OF PROVIDENCE, LLC	
		Print Name of Limited Liability Company	
	FILED	Signature of Authorized Person	
	AUG 1 2 2016 BV 28 \ 238		

Form No. 642 Revised: 12/05 A.A. 12:26 P.M.