



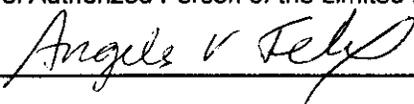
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2016 SEP 20 PM 12:15

**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		
000161697	Dental Associates of Cumberland, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Suite 202, 2138 Mendon Road P.O. Box 7105 490 High Street +			
City/Town Cumberland	State RHODE ISLAND	Zip 02864	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1334 Mendon Road			
City/Town Cumberland	State RHODE ISLAND	Zip 02864	
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Angeles V. Felix, DDS			
6. The name of the NEW resident agent is:			
John T. Walsh, Jr. Esq.			
7. Date when this Statement of Change of Resident 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Angeles V. Felix, DDS, Manager			Date
Signature of Authorized Person of the Limited Liability Company 			

12:19 pm
FILED
 SEP 20 2016
 By 284080
 KM