



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

Alpine Health Care, L.L.C.

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

HINCKLEY, ALLEN & SNYDER LLP 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE , RI 02903

SECTION III

The NEW address of the resident agent is:

No. and Street: 100 WESTMINSTER STREET, SUITE 1500
C/O HINCKLEY ALLEN

City or Town: PROVIDENCE

State: RI Zip: 02903

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 30 days after, filing this Statement)

Signed this 18 Day of October, 2016 at 5:16:07 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

/MICHAEL G. TAUBER, ESQ./
Signature of Resident Agent





State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

