

Filing Fee: \$20.00

ID Number: 805560



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 NOV 23 PM 2:30
RECEIVED
R.I. DEPT. OF STATE
BUSINESS 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:

- The name of the limited liability company is:
Apria Healthcare LLC
- 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
- The NEW address of the resident agent is:
450 Veterans Memorial Parkway, Suite 7A East Providence, Rhode Island 02914
- The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
C T Corporation System
- The name of the NEW resident agent is:
National Registered Agents, Inc.
- 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: 11/22/2016

Apria Healthcare LLC
Print Name of Limited Liability Company

[Signature]
Signature of Authorized Person

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By AR 289282