

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:

1. The name of the limited liability company is:

Apria Healthcare 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 PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

C T Corporation System

5. The name of the NEW resident agent is:

National Registered Agents, Inc.

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: 11/22/2016

Apria Healthcare LLC

Print Name of Limited Liability Company

Signature of Authorized Person

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By AR 289282