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Statement of Change of Registered Office
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

| | | | |
|--|--|--|-------------------|
| 1. Entity ID Number 11380 | | 2. Exact Name of the Corporation EASTERN DENTAL LABORATORY CO. INC. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 917 CHALKSTONE AVE | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02908 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 917 CHALKSTONE AVE | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02908 |
| 5. Date when this Statement of Change of Registered 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 90 days from the day of filing) _____ | | | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> | | | |
| Name of the Registered Agent/Officer of the Corporation DAVID J. VARONE | | | Date 2-13-2017 |
| Signature of the Registered Agent/Officer of the Corporation David J. Varone <small>SIGN DOCUMENT HERE</small> | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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