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

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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	2. Exact Name of the Corporation
950843	**Nursing Placement Auto Fleet, Inc.**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
1 Ship Street		
City/Town **Providence**	State **RHODE ISLAND**	Zip **02903**

4. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
116 Orange Street		
City/Town **Providence**	State **RHODE ISLAND**	Zip **02903**

5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

- [x] Date received (Upon filing)
- [ ] 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).

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.

Name of the Registered Agent/Officer of the Corporation	Date
Stephen M Mitchell	3/30/17

Signature of the Registered Agent/Officer of the Corporation

Stephen M Mitchell

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

FILED
APR 06 2017
BY A.A. 11:02 AM.

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