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Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 000549923	2. Exact Name of the Corporation Southcoast Emergency Medical Services, Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 304 Warren Avenue		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Mark Haskell		
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1 Dexter Road		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: Andrew Pappas		
7. 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) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>		
Name of Authorized Officer of the Corporation Carol Mansfield	Date August 23, 2017	
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE		

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 ✓

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BY CM 312240