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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 000788757	2. Exact Name of the Corporation Coastline 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, PO Box 14069		
City/Town East Providence	State RHODE ISLAND	Zip 02914
4. The address of the NEW registered office is: Street Address (NQT a P.O. Box) 1 Dexter Road		
City/Town East Providence	State RHODE ISLAND	Zip 02914
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 Carol L. Mansfield	Date August 23, 2017	
Signature of the Registered Agent/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

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