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

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BUSINESS DIV
2017 SEP 20 AM 10:44

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
1662639	**QUALITY PHYSICAL THERAPY, INC.**

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

Street Address		
141 KNIGHT STREET		
City/Town **WARWICK**	State **RHODE ISLAND**	Zip **02886**

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

Street Address (NOT a P.O. Box)		
C/O PETRO FUEL(ESI) 141 KNIGHT STREET		
City/Town **WARWICK**	State **RHODE ISLAND**	Zip **02886**

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

- [✓] 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
CAROL TSCHIRPKE	✓ 9/18/2017

Signature of the Registered Agent/Officer of the Corporation

✓ Carol Tschirpke SIGN DOCUMENT HERE

10:44

FILED MP
SEP 20 2017
BY

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

FORM 640A - Revised: 01/2017