



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

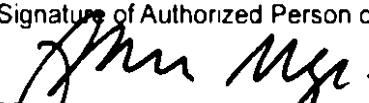
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 R.I. DEPT OF STATE
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 742507		2. Exact Name of the Limited Liability Company 5750 Post Road Medical Offices, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address One Ship Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John A. Glasson, Esq.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 167 Main Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
6. The name of the NEW resident agent is: Americo M. Scungio, Esq.			
7. Date when this Statement of Change of Resident 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 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Paul P. Mihailides, President of M.T.M. Development Corporation, its Co-Manager			Date 10-18-17
Signature of Authorized Person of the Limited Liability Company  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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STAMP

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