

State of Rhode Island and Providence Plantations

SECRETARY OF STATE

Department of State - Business Services Division

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2017 DEC -5 AM 10: 54

Statement of Change of Agent DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

	RIGL <u>7-16-11</u> the undersigned I pose of changing its resident a		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001100086	OCEAN STATE URGENT CARE CENTER OF COVENTRY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 18 IMPERIAL PLACE, SUITE 4D			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
ROBERT S. BRUZZI, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is:			
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day of filing)			
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.			
Name of Authorized Person of the Limited Liability Company			Date
Robert Crausman			November 28, 2017
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

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