RI SOS Filing Number: 201754559080 Date: 12/5/2017 10:54:00 AM

State of Rhode Island and Providence Plantations  CORPORATIONS DIV  Department of State - Business Services Division  2017 DEC - 5 AH IO: 54  Statement of Change of Agent  CORPORATIONS DIV  Statement of Change of Agent			RECEIV	ED 2	S S S
Statement of Change of Agent  DOMESTIC or FOREIGN Limited Liability Company  Filing Fee: \$20.00  Pursuant to the provisions of RIGL Z-16-11 the undersigned limited liability company submits the ollowing statement for the purpose of changing its resident agent in the State of Rhode Island:  1. Entity ID Number  OCEAN STATE PRIMARY 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  State RHODE ISLAND  Tip 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, Suita 7A  City/Town  East Providence  State RHODE ISLAND  Tip 02914  State RHODE ISLAND  Tip 02914  City/Town  East Providence  State Providence  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  Tip Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the day of filing)  Lunder ponalty of porjury, 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  Stinnsture of Authorized Person of the Limited Liability Company  Stinnsture of Authorized Person of the Limited Liability Company	State of Rhode Island	and Providence Plantations	SECRETARY C CORPORATION	NS DIV	RPO
Statement of Change of Agent  DOMESTIC or FOREIGN Limited Liability Company  → Filing Fee: \$20.00  Pursuant to the provisions of RIGL 7-15-11 the undersigned limited liability company submits the collowing statement for the purpose of changing its resident agent in the State of Rhode Island:  1. Entity ID Number  OCEAN STATE PRIMARY 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  Top 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 (NOI = P.O. Box)  450 Veterans Memorial Parkway, Suite 7A  City/Town East Providence  State RHODE ISLAND  Top 02914  State RHODE ISLAND  Top 02914  City/Town East Providence  State RHODE ISLAND  Top 02914  Line 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  Top Date received (Upon filing)  Luter effective date (Date must be no more than 30 days from the day of filing)  Luter effective date (Date must be no more than 30 days from the day of filing)  Luter panalty 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 frue and correct.  Name of Authorized Person of the Limited Liability Company  Robert Crausman	Deharmentord	tate - Dusmood Co. v.ccc		MM 10: 54 +	
Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the ollowing statement for the purpose of changing its resident agent in the State of Rhode Island:  1. Entity ID Number 001100056	OMESTIC or FOREIGI	j <b>e of Agent</b> N Limited Liability Compan	у	••	SO
2. Exact Name of the Limited Liability Company OCEAN STATE PRIMARY 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  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 penjury, I declare and aftirm 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  Stenature of Authorized Person of the Limited Liability Company  Stenature of Authorized Person of the Limited Liability Company	→ Filing Fee: \$20.00				
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✓ 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	7 Date when this Statemer	it of Change of Resident Agent	will be effective: CHECK ONL)	ONE BOX	
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Signature of Authorized Person of the Limited Liability Company	Name of Authorized Person of the Limited Liability Company				
Signature of Authorized Person of the Limited Liability Company SIGNEDOCUMENT HERE	Robert Crausman			November 28, 20	17
CSICH DOCUMENT HERE	Signature of Authorized Pe	rson of the Limited Liability Corr	pany	··	
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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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