



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

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 CORPORATIONS DIV
 2018 MAY 29 PM 12:17

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 001018673	2. Exact Name of the Limited Liability Company COASTAL DENTAL REALTY HOLDINGS, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 171 BROADWAY	
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: JAMES A. IACOI	
5. The address of the NEW resident office is:	
Street Address (NOI a P.O. Box) 108 SHORE ROAD	
City/Town WESTERLY	State RHODE ISLAND
Zip 02891	
6. The name of the NEW resident agent is: MICHAEL CAPALBO	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date 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 MICHAEL CAPALBO	Date 5/23/18
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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 BY cu 331551