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 SECRETARY OF STATE  
 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 <b>001018673</b>	2. Exact Name of the Limited Liability Company <b>COASTAL DENTAL REALTY HOLDINGS, LLC</b>
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:	
Street Address <b>171 BROADWAY</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>
Zip <b>02903</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>JAMES A. IACOI</b>	
5. The address of the <b>NEW</b> resident office is:	
Street Address (NOI a P.O. Box) <b>108 SHORE ROAD</b>	
City/Town <b>WESTERLY</b>	State <b>RHODE ISLAND</b>
Zip <b>02891</b>	
6. The name of the <b>NEW</b> resident agent is: <b>MICHAEL CAPALBO</b>	
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>	
<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 <b>MICHAEL CAPALBO</b>	Date <b>5/23/18</b>
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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 BY cu 331551