

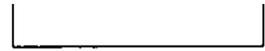


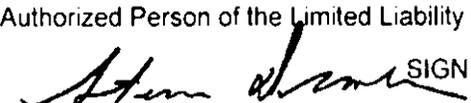
**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

STAMP

→ No Filing Fee

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 office **ONLY** in the State of Rhode



1. Entity ID Number <b>821891</b>		2. Exact Name of the Limited Liability Company <b>Partners Medical Staffing 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>450 Veterans Memorial Parkway, Suite 7A</b>			
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02194</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>433 Thames Street Unit C</b>			
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b>	Zip <b>02840</b>	
5. Date when this Statement of Change of Resident Office 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 Office 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>Steven Drooker</b>		Date <b>May 31, 2018</b>	
Signature of Authorized Person of the Limited Liability Company 			
SIGN DOCUMENT HERE			

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUN -6 AM 11:18

**FILED**

JUN 06 2018

11:19

BY CK 332062

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov