State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Statement of Change of Resident Agent

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

BUTLER HOSPITAL ALLIED MEDICAL SERVICES, LLC

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE , RI 02905

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

ALYSSA BOSS

SECTION III

The NEW address of the resident agent is:

No. and Street: CARE NEW ENGLAND HEALTH SYSTEM
45 WILLARD AVENUE
City or Town: PROVIDENCE State: RI Zip: 02905

The name of the NEW resident agent is: ASHLEY TAYLOR

SECTION IV

The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Signed this 30 Day of August, 2018 at 2:12:44 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

BUTLER HOSPITAL ALLIED MEDICAL SERVICES, LLC
Print Name of Limited Liability Company

STEPHEN BURKE, VP, FINANCE

Signature of Authorized Person

Form No. 642
Revised 09/07