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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV
2018 OCT 31 PM 12:51

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
000087483	**A Caring Experience Nursing Services, Inc.**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address: 2176 Mendon Road, Suite 200

City/Town: Cumberland | State: **RHODE ISLAND** | Zip: 02864

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

James A. Bigos, Esq.

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box) **815 Reservoir Ave**

City/Town **Cranston** | State **RHODE ISLAND** | Zip **02910**

6. The name of the **NEW** registered agent is:

Diane Toher

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of Authorized Officer of the Corporation	Date
Dean M. DeNuccio	**10/24/18**

Signature of Authorized Officer of the Corporation

DM DeN 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 MP
OCT 31 2018
BY TJS&P
A.A. 12:51pm

FORM 640 - Revised: 04/2018