



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


## Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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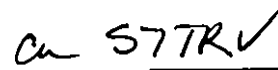
1. Entity ID Number 000910213	2. Exact Name of the Corporation Massachusetts Eye and Ear Associates, Inc.	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address One Randall Square, Unit 203		
City/Town Providence	State <b>RHODE ISLAND</b>	Zip 02904
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Magdalena Krzystolik, M.D.		
5. The address of the <b>NEW</b> registered office is:		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip 02914
6. The name of the <b>NEW</b> registered agent is: C T Corporation System		
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.		
8. The change was authorized by a resolution duly adopted by its board of directors.		
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 President/Vice President of the Corporation Michele Holden, Vice President		Date 10/29/2018
Signature of President/Vice President of the Corporation  <b>SIGN DOCUMENT HERE</b>		

### MAIL TO:

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

**FILED** 

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BY  57TR ✓