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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 DEC 31 AM 11:47 MP

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
000789266	Reliable Respiratory, Inc.

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

Street Address			
450 Veterans Memorial Parkway, Suite 7A			
City/Town: East Providence	State: **RHODE ISLAND**	Zip: 02914	

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

CT Corporation System

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

Street Address (NOT a P.O. Box)		
400 Warwick Avenue, Units 3 & 4		
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02888

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

Benjamin Westry

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
Lou Casavant	12/27/2018

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

FILED
DEC 31 2018
BY 11:47

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