



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

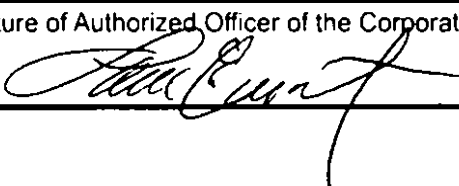
Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

2018 DEC 31 AM 11:47 MP

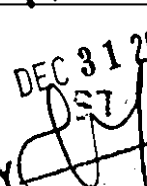
→ Filing Fee: \$20.00

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 000789266		2. Exact Name of the Corporation 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 (<u>NOT</u> 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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Lou Casavant		Date 12/27/2018	
Signature of Authorized Officer of the Corporation  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
 DEC 31 2018
 BY  BT2 AG
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