



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<br><b>000789266</b>                                                                                                                                                             |  | 2. Exact Name of the Corporation<br><b>Reliable Respiratory, Inc.</b> |                           |
| 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 <b>450 Veterans Memorial Parkway, Suite 7A</b>                                                                                                                                       |  |                                                                       |                           |
| City/Town <b>East Providence</b>                                                                                                                                                                    |  | State <b>RHODE ISLAND</b>                                             | Zip <b>02914</b>          |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>CT Corporation System</b>                                               |  |                                                                       |                           |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |  |                                                                       |                           |
| Street Address ( <u>NOT</u> a P.O. Box) <b>400 Warwick Avenue, Units 3 &amp; 4</b>                                                                                                                  |  |                                                                       |                           |
| City/Town <b>Warwick</b>                                                                                                                                                                            |  | State <b>RHODE ISLAND</b>                                             | Zip <b>02888</b>          |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Benjamin Westry</b>                                                                                                                        |  |                                                                       |                           |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |  |                                                                       |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |  |                                                                       |                           |
| <input type="checkbox"/> 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<br><b>Lou Casavant</b>                                                                                                                                |  |                                                                       | Date<br><b>12/27/2018</b> |
| Signature of Authorized Officer of the Corporation<br> SIGN DOCUMENT HERE                                        |  |                                                                       |                           |

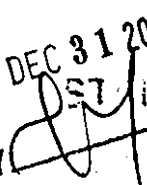
**MAIL TO:**

**Division of Business Services**

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DEC 31 2018  
BY  BT2A6  
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