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State of Rhode Island and Providence Plantations

Department of State - Business Services Division



2019 APR 30 PH-4: 03

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:		
Entity ID Number 2. Exact Name of the Limited Liability Company		
138112 Medical Strategies and Management Systems LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.		
P.O. Box 9124		
City/Town	State RHODE ISLAND	06.10
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:		
Emilio S. Belavol MD		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 3900 Pust Road Apt. 205		
City/Town Yavwick	State RHODE ISLAND	Zip 02886
6. The name of the NEW resident agent is:		
Monique Savoje		
7. Date when this Statement of Change of Resident Agent will be effective. CHECK ONLY ONE BOX		
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the day of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company		Date
Emilio S. Belaval		4/30/19
Signature of Authorized Person of the Limited Liability Company		
SCAAL MD		

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

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BY G74NY

FORM 642 - Revised: 07/2016