



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

2019 JUN -7 PM 12:00

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~
~~BUSINESS CORPORATION~~

→ Filing Fee: \$20.00

7-12-500 or 7-12-1400

Pursuant to the provisions of RIGL ~~7-16-11~~ the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000090738		2. Exact Name of the Limited Liability Company Corporation RGP DENTAL, INC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address One Park Row, Suite 300 City/Town Providence State RHODE ISLAND Zip 02903			
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: RICHARD J. LAND, ESQ.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 44 BALLOU BLVD. City/Town BRISTOL State RHODE ISLAND Zip 02809			
6. The name of the NEW resident agent is: KEVIN AMARAL			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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 Corporation KEVIN AMARAL		Date 6/4/2019	
Signature of Authorized Person of the Limited Liability Company Corporation 			

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

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