	e Island and Providence Plantations ce of the Secretary of State	Fee: \$20.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
Foreign Corporation Statement of Change of Registered (Section 7-1.2-1409 of the General Laws of R		
	SECTION I	
The name of the corporation is <u>ProVation</u>	Medical, Inc.	
	SECTION II	
The address of the registered office as PRES Secretary of State is:	SENTLY shown in the corporate records on file with	the Rhode Island
450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914		
The name of the registered agent as PRESE Secretary of State is:	ENTLY shown in the corporate records on file with the	e Rhode Island
CT CORPORATION SYSTEM		
	SECTION III	
The address of the NEW registered office is:		
No. and Street: <u>222 JEFFERSON BOULE</u> SUITE 200	EVARD	
City or Town: <u>WARWICK</u>	State: RI	Zip: <u>02888</u>
The name of the NEW registered agent is:	CORPORATION SERVICE COMPAN	<u>IY</u>
	SECTION IV	
The appointment of a new registered agent a effective upon the filing of this statement, or (a date not prior to, nor more than 30 days after, filing t		hall become
individuals signing this instrument consumed under penalties of perjury, that this inst	<b>3:32 PM.</b> This electronic signature of the indivisit stitutes the affirmation or acknowledgement of trument is that individual's act and deed or the ated herein are true, as of the date of the electro.	the signatory, act and deed
TOM MONTELEONE, TREASURER Signature of Authorized Officer of the Cor	poration	
Form No. 640 Revised 09/07		

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