



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

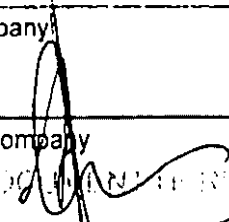
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 140777	2. Exact Name of the Limited Liability Company Narragansett Bay Anesthesia, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson Blvd, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Corporation Service Company		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 11 Hines Farm Drive		
City/Town Cumberland	State RHODE ISLAND	Zip 02864
6. The name of the NEW resident agent is: Vijayendra Sudheendra		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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 Vijayendra Sudheendra		Date 11/5/2019
Signature of Authorized Person of the Limited Liability Company 		

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 **EDLER**
A.A. 1:40pm.

FORM 642 - Rev. 07/2016