



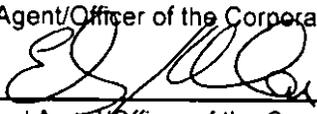
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2019 DEC -9 PM 2:17

Statement of Change of Registered Office
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 137599		2. Exact Name of the Corporation Spartan Dental, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 40 Bluebird Lane			
City/Town Cranston	State RHODE ISLAND	Zip 02921	
4. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) 35 Cedar Pond Drive, Apt 11			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
5. Date when this Statement of Change of Registered Office 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 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation Elias G. Koutros		Date 12-3-2019	
Signature of the Registered Agent/Officer of the Corporation 			
SIGN DOCUMENT HERE			

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
 DEC 09 2019 STAMP
 BY A.A. 2:17pm