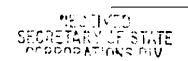
RI SOS Filing Number: 202034152650 Date: 2/11/2020 11:36:00 AM





Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee. \$20.00

2020 FEB 11 AM 11: 34 MP

100 100

Pursuant to the provisions of R following statement for the pur			
Entity ID Number	2. Exact Name of the Limited Liability Company		
001042023	Ocean State Oral Surgery Center, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
36 CROADE Street # B			
City/Town WALLY		State RHODE ISLAND	D2885
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Kim Woongtae, Esq, CPA, LLM			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 468 Smithfield Road			
City/Town North Providence		State RHODE ISLAND	^{Zip} 02904
6. The name of the NEW resident agent is:			
Aaron Ercole			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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		'	Date
Aaron Ercole		./	2/10/20
Signature of Authorized Person of the Limited Liability Company			
S:GM FOCK MENT FICKE			

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

STAMP

FEB 1 1 2020

FORM 642 - Revised 12/2018