



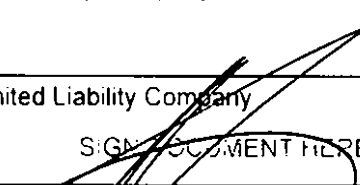
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

2020 FEB 11 AM 11:34 AM

→ 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 001042023		2. Exact Name of the Limited Liability Company 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:			
Street Address 36 GROADE Street, # B			
City/Town WARREN		State RHODE ISLAND	Zip 02885
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			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Aaron Ercole			Date 2/10/20
Signature of Authorized Person of the Limited Liability Company  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

STAMP

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