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 DEPT. OF STATE
 R.I. BUSINESS DIV.
 2:57 P
 APR 13 2020

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001694857	2. Exact Name of the Corporation Boundless Medical Ventures, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address St Seabreeze Lane 35 Highland Avenue			
City/Town BRISTOL E. Providence	State RHODE ISLAND	Zip 02809 02914	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Dean G. Robinson, Esq.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 33 STANFORD STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02905	
6. The name of the NEW registered agent is: PAUL A. AKERMAN M.D.			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation PAUL A. AKERMAN			Date 3/30/2020
Signature of Authorized Officer of the Corporation <i>Paul Akerman</i> 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

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 BY *CU* ORRCN
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