State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Statement of Change of Address of the Resident Agent

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

ACCESS HEALTHCARE LIMITED LIABILITY COMPANY

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE , RI 02906

SECTION III

The NEW address of the resident agent is:

No. and Street: 47 WOOD AVE. STE 2
City or Town: BARRINGTON State: RI Zip: 02806

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 90 days after, filing this Statement)

Signed this 30 Day of April, 2020 at 2:19:10 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

BILL HAVRE
Signature of Resident Agent

Form No. 642
Revised 09/07