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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 001706706	2. Exact Name of the Corporation LEVEL 2 MEDICAL SERVICES, P.A.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 222 JEFFERSON BOULEVARD, SUITE 200		
City/Town WARWICK	State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is: C T Corporation System		
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 Sharlin Aldao-Carrillo, Secretary		Date 11/16/2020
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE <i>Sharlin Aldao C.</i>		

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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FORM 640 - Revised 04/2018