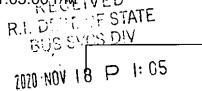
RI SOS Filing Number: 202075989190 Date: 11/18/2020 1:05:00 PME IVED



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

1. Entity ID Number	urpose of changing its registered 2. Exact Name of the Corpora	2. Exact Name of the Corporation		
001706706	LEVEL 2 MEDICAL SERVICES, P.A.			
3. The address of the regis	tered office as PRESENTLY show	wn in the records on file with the	ne RI Department of State:	
C44 # JJ	SON BOULEVARD, SUITE 200		•	
City/Town WARWICK		State RHODE ISLAND	Zıp 02888	
4. The name of the register	red 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:		<u> </u>	
Street Address (<u>NOT</u> a P.O. B	OX) 450 Veterans Memorial Parkwa	y, Suite 7A		
City/Town East Providence		State RHODE ISLAND	Zip 02914	
6. The name of the NEW r	egistered agent is:			
C T Corporation System				
7. Date when this Stateme	nt of Change of Registered Agen	t will be effective. CHECK ON	E BOX ONLY	
X Date received (Upon				
Later effective date (Date must be no more than 30 da	ys from the date of filing)	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury. I Corporation, and that all st	declare and affirm that I have exa atements contained herein are tr	amined this Statement of Char ue and correct	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Sharlin Aldao-Carrillo, Secretary			11/16/2020	
Signature of Authorized Of	ficer of the Corporation	UMEN TERE	Dar C.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Y EORM(640 - Revised . 04/2018