



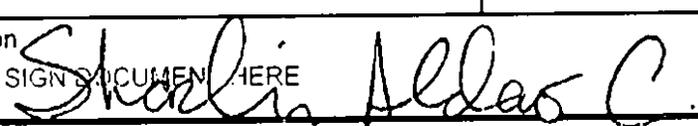
RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 NOV 18 P 1:05

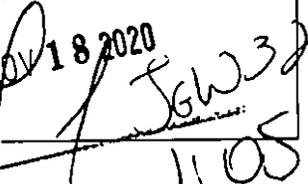
Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ 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) _____			
<i>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</i>			
Name of Authorized Officer of the Corporation Sharlin Aldao-Carrillo, Secretary			Date 11/16/2020
Signature of Authorized Officer of the Corporation <div style="text-align: center;">SIGN DOCUMENT HERE</div> 			

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
 NOV 18 2020
 BY 
 11 05
 FORM 640 - Revised 04/2018