



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

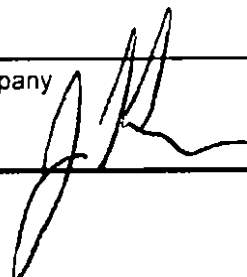
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 DEC 24 A 11:04

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island.

1. Entity ID Number 001 680 968	2. Exact Name of the Limited Liability Company eviCore healthcare MSI, LLC	
3. The address of the resident 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 resident agent as PRESENTLY shown in the records on file with the RI Department of State CORPORATION SERVICE COMPANY		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> 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 resident agent is: C T Corporation System		
7. Date when this Statement of Change of Resident Agent will be effective. CHECK ONE BOX ONLY		
☒ Date received (Upon filing)		
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company Jennifer Kurz		Date 12/18/2020
Signature of Authorized Person of the Limited Liability Company 		

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****DEC 24 2020**

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