



State of Rhode Island

Department of State - Business Services Division

FILED
RI DEPT OF STATE
BUS SVCS DIV
2021 MAR 17 AM 9:01

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 106813 | | 2. Exact Name of the Corporation Vital Oral Art Dental Laboratory, Co. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 888 Reservoir Avenue | | | |
| City/Town Cranston | | State RHODE ISLAND | Zip 02910 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: THOMAS J. FAY | | | |
| 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 888 Reservoir Avenue | | | |
| City/Town Cranston | | State RHODE ISLAND | Zip 02910 |
| 6. The name of the NEW registered agent is: CHRISTOPHER L. RUSSO | | | |
| 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 Timothy Won Bun Chung | | | Date 3/17/21 |
| Signature of Authorized Officer of the Corporation | | | |

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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