



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Statement of Change of Resident Agent**

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

Bristol County Eye Care, LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

148 WEST RIVER STREET SUITE 1E PROVIDENCE , RI 02904

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

MCLAUGHLINQUINN LLC

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 191 AMERICA WAY

City or Town: JAMESTOWN

State: RI

Zip: 02835

The name of the NEW resident agent is:

CARL SAKOVITS

**SECTION IV**

The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

**Signed this 20 Day of March, 2023 at 11:04:54 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Bristol County Eye Care, LLC

Print Name of Limited Liability Company

CARL SAKOVITS

Signature of Authorized Person

Form No. 642  
Revised 09/07

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