



State of Rhode Island
Department of State - Business Services Division

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2023 APR -6 A 10:53

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001696367		2. Exact Name of the Limited Liability Company STUART V. DEMIRS MD, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 36 Edwards Avenue			
City/Town Wakefield	State RHODE ISLAND	Zip 02879	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Michael T. Finan Esq.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 4099 Old Post Road			
City/Town Charlestown	State RHODE ISLAND	Zip 02813	
6. The name of the NEW resident agent is: Stuart v. Demirs MD			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Stuart V. Demirs MD		Date 4/4/2023	
Signature of Authorized Person of the Limited Liability Company <i>Stuart V. Demirs MD</i>			

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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