RI SOS Filing Number: 202339771060 Date: 7/25/2023 2:06:00 PM



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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| following statement for the purpose of changing its resident agent in the State of Rhode Island: | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Z. Exact Name of the Limits | ed Liability Company |
| 0016 + 3601 0 m | dental amip 110 |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | |
| Street Address //d CL // | |
| City/Town | |
| westerly | State RHODE ISLAND Zip 02891 |
| The harne of the resident agent as PRESENTLY shown in the records on file with the PL Department of Oast | |
| Michael Bran Capalla | |
| of the address of the NEW resident office is: | |
| Street Address (NOT a P.O. Box) 931 Hefferson blud Sie 3005 City/Town State RHODE ISLAND 2ip 02886 | |
| City/Town Warwick | State |
| - WWWILL | RHODE ISLAND 1 02886 |
| Tori Carbone | |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY | |
| Same reserved (open ming) | |
| 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 exa Limited Liability Company, and that all statements contained | amined this Statement of Change of Resident Agent by the |
| Name of Authorized Person of the Limited Liability Company | y Date |
| Michael Capatha | 6/1/2 |
| Signature of Authorized Person of the Limited Liability Company | |
| Michael B Copallo | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDTAMP

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FORM 642 - Revised: 4/2023