



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

RECEIVED
RI DEPT OF STATE
BUSINESS DIV
2023 JUL 25 P 2:06

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 001027278 | 2. Exact Name of the Limited Liability Company Coastal dental associates II LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Street Address 171 Broadway | City/Town providence | State Zip RHODE ISLAND 02903 |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: James A Iacovi esq | | |
| 5. The address of the NEW resident office is: | | |
| Street Address (NOT a P.O. Box) 931 post rd ste 3005 | City/Town warwick | State Zip RHODE ISLAND 02886 |
| 6. The name of the NEW resident agent is: Tori Carbone | | |
| 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) | | |
| 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 Michael Capalbo | | Date 6/1/23 |
| Signature of Authorized Person of the Limited Liability Company Michael B Capalbo | | |

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
JUL 25 2023
BY 13176
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