	State of Rhode Office of the Secret		No Fee
	Division Of Busine	ss Services	
	148 W. River	Street	
	Providence RI 02	904-2615	
1636	(401) 222-3	040	
Limited Liability Company Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)			
SECTION I			
The name of the limited liability company is			
CUMBERLAND MEDICAL ASSOCIATES, 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:			
876 MAIN STREET EAST GREENWICH , RI 02818			
SECTION III			
The NEW address of the resident agent is:			
No. and Street:	<u>620 MAIN STREET, CU 3A</u>		
City or Town:	EAST GREENWICH	State: RI	Zip: <u>02818</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on (a date not prior to, nor more than 90 days after, filing this Statement)			
Signed this 30 Day of May, 2023 at 4:28:14 PM. 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.			
JOHN L VALLONE Signature of Resident Agent			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 30, 2023 04:27 PM

Treng M. Course

Gregg M. Amore Secretary of State

