



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 RI DEPT OF STATE  
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 2019 AUG 26 12:39 PM  
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**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>000132837</b>	2. Exact Name of the Corporation <b>GF Health Products, Inc.</b>
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</b>	
City/Town <b>EAST PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02914</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>CT CORPORATION SYSTEM</b>	
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>33 Plan Way, Building #2</b>	
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b> Zip <b>02886</b>
6. The name of the <b>NEW</b> registered agent is: <b>Linda Peterson</b>	
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>	
Name of Authorized Officer of the Corporation <b>Lori E. Kirschner</b>	Date <b>8/22/2019</b>
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE	

**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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 AUG 26 2019  
 BY 46344  
 A.A. 12:39pm  
 FORM 640 - Revised 04/2018