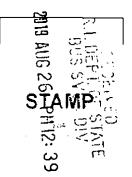
RI SOS Filing Number: 201915612720 Date: 8/26/2019 12:39:00 PM



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> 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	2. Exact Name of the Corporation		
000132837	GF Health Products, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE		State RHODE ISLAND	^{Zip} 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
CT CORPORATION SYSTEM			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 33 Plan Way, Building #2			
City/Town Warwick		State RHODE ISLAND	^{Zip} 02886
6. The name of the NEW registered agent is:			
Linda Peterson			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
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.			
Name of Authorized Officer of the Corporation			Date
Lori E. Kirschner			8/22/2019
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.n.gov FILED

FORM 640 - Revised 04/2018