Filing Fee: \$10.00

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Form No. 641 Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## NON-PROFIT CORPORATION





Pursuant to the provisions of Sections 7-6-13 or 7-6-78 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode island: Chiropractic Society of Rhode Island The name of the corporation is The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: 14 South Drive Middle TOWN RI 02542 The address of the NEW registered office is: 1445 Wampanoag Tail Sulte 117 Gast Providence AI 02915 The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: Richard W. The name of the NEW registered agent is: DREFICE The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical. 7. The change was authorized by resolution duly adopted by its board of directors. Under penalty of perjury, I declare that the information contained herein is true and correct. 3003 2Eb - 3 VH 11: 08

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