

Filing Fee: \$20.00

ID Number: 132592



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

**LIMITED LIABILITY COMPANY**

**STATEMENT OF CHANGE OF RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:  
VILLAGE WELLNESS CENTER, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
123 DYER STREET, PROVIDENCE, RI 02803
3. The NEW address of the resident agent is:  
422 POST ROAD WARWICK, RI 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
WINOBERRY, SHINE & ZACKS, P.C. c/o RICHARD LANE
5. The name of the NEW resident agent is:  
CARLA JOYCE
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 11-02-09

VILLAGE WELLNESS CENTER, LLC  
Print Name of Limited Liability Company

Carla Joyce  
Signature of Authorized Person

**FILED**

NOV 10 2009

BY [Signature]

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