Filing Fee: \$20.00

ID Number: <u>600</u>



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## **BUSINESS CORPORATION**

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956 as an exided, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its

reg	istered office in the state of Rhode Island:	
1.	The name of the corporation is Partners for Wellness I	nc
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode I Secretary of State is:  2850 South County Tr: Suite 4B East G	sland N
3.	The address of the NEW registered office is:  9 SPRQUE ST; GREENVILLE RI 0282	029 8
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Secretary of State is:	§land
5.	The name of the NEW registered agent is:  Patricia M Youngs	
	6. The appointment of a new registered agent and the new registered office as the case may be, shall become effective upon the filing of this statement, or on	*Ctive
Da	Under penalty of perjury, I declare and affirm that I examined this Statement of Change of Registered Agent Corporation, including any accompanying attachments, are all statements contained herein are true and correct.  Signature of Authorized Officer of the Corporation  Type or Print Name of Authorized Officer	by the
	FILED Type of Filler of Authorized Connection	
	OCT 1 8 2012  No. 640 vised: 12/05  OCT 1 8 2012  OCT 1 8 2012  OCT 1 8 2012	