

Filing Fee: \$20.00

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ID Number: \_\_\_\_\_



**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: Compass Base Psychiatry, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 222 Jefferson Boulevard, Suite 200  
Warwick, RI 02888
3. The NEW address of the resident agent is: 11 King Charles Dr, Unit A2  
Providence, RI 02872
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: United States Corporation Agents, Inc
5. The name of the NEW resident agent is: Sarah Buck-Hendrich
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: 10/17/12

Compass Base Psychiatry, LLC  
Print Name of Limited Liability Company

Sarah Buck-Hendrich  
Signature of Authorized Person

FILED 1240

OCT 22 2012

BY 02101544