Filing Fee: $20.00

ID Number: 722072

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2015 MAY -4 PM 2:05
SECRETARY OF STATE
CORPORATIONS DIV

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:
   CHIROPRACTIC ASSOCIATES LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   336 MAIN STREET, WAKEFIELD, RI 02879

3. The NEW address of the resident agent is:
   454 BROADWAY, PROVIDENCE, RI 02909

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   THOMAS W. MARKARINA

5. The name of the NEW resident agent is:
   KENNETH R. DILEONE

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: 5/1/15

CHIROPRACTIC ASSOCIATES LLC
Print Name of Limited Liability Company

Signature of Authorized Person

2:05 pm
FILED
MAY 04 2015
By 248205
KM

Form No. 642
Revised: 12/05