



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 SEP - 6 AM 9:21

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

Rhode Island

1. Entity ID Number 000138096		2. Exact Name of the Corporation Association for Healthcare Human Resources Administration of Rhode Island	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address _____			
City/Town _____		State RHODE ISLAND	Zip _____
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: _____			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 140 Morgan Avenue			
City/Town Johnston		State RHODE ISLAND	Zip 02919
6. The name of the NEW registered agent is: Nicole M. Voller			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of President/Vice President of the Corporation Nicole M. Voller		Date 9/1/2016	
Signature of President/Vice President of the Corporation <i>Nicole M. Voller</i> SIGN DOCUMENT HERE			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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