Filing Fee: $20.00 **ID Number:** 00110098

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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R.I. DEPT 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:
   COMPASS PSYCHOTHERAPY, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   [redacted]
   5 FORT HILL RD, BRISTOL, RI 02809

3. The NEW address of the resident agent is:
   290 Rumstick Rd., Barrington, RI 02806

4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
   Elizabeth M. Tanner, Esq.

5. The name of the NEW resident agent is:
   SAMANTHA BECKER

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: Oct. 31, 2016

COMPASS PSYCHOTHERAPY, LLC
Print Name of Limited Liability Company

Samantha Becker
Signature of Authorized Person

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NOV 03 2016
By 287743
A.A 10:46 A.M.

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