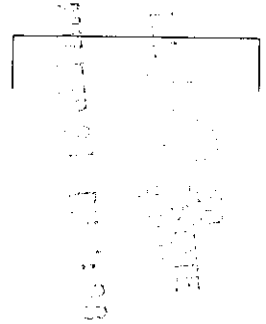




State of Rhode Island and Providence Plantations
Department of State - Business Services Division




Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 40271		2. Exact Name of the Corporation Counseling & Psychological Services Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 203 Governor Street			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 245 Waterman Street, Suite 201			
City/Town Providence	State RHODE ISLAND	Zip 02906	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation Donna D'Aloia		Date 2/16/17	
Signature of the Registered Agent/Officer of the Corporation 			

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

1:08
FILED
FEB 21 2017
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