State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Statement of Change of Resident Agent

(Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

SUNRISE THERAPY, LLC

SECTION II

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

71 MAIN STREET SOUTH KINGSTOWN , RI 02879

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

MARTHA DAY, ESQ.

SECTION III

The NEW address of the resident agent is:

No. and Street: 24 SALT POND ROAD
A4
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879

The name of the NEW resident agent is: MEGAN BERNDT

SECTION IV

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.

Signed this 21 Day of October, 2017 at 2:58:11 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

SUNRISE THERAPY, LLC
Print Name of Limited Liability Company

MEGAN BERNDT

Signature of Authorized Person

Form No. 642
Revised 09/07