RI SOS Filing Number: 201754910700 Date: 12/11/2017 11:59:00 AM

filed w/ 141 Narr & old addr

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

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~$20.00~~

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	2. Exact Name of the Corporation
142353	Crystal Sargent Speech Pathologist, Inc

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
575 E. Main Road		
City/Town: Middletown	State: **RHODE ISLAND**	Zip: 02842

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Crystal I Sargent

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
141 Narragansett Ave #2C		
City/Town: Newport	State: **RHODE ISLAND**	Zip: 02840

6. The name of the **NEW** registered agent is:

Crystal I Sargent

7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the day of filing) _____

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.

Name of Authorized Officer of the Corporation	Date
Crystal I Sargent	12/8/17

Signature of Authorized Officer of the Corporation

Crystal I Sargent SIGN DOCUMENT HERE

11:59

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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SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC 11 AM 11:58

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FORM 640 - Revised: 01/2017