



RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY 23 6PM 4:11

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:

1. Entity ID Number 001664030	2. Exact Name of the Corporation BEACHWOOD CENTER FOR WELLBEING
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 79 PLAIN ST	
City/Town PROVIDENCE	State RHODE ISLAND
Zip 32903	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DANN ELLER	
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 203 Woodsville Ave Rd	
City/Town HOPKINS VALLEY	State RHODE ISLAND
Zip 02834	
6. The name of the NEW registered agent is: LENNIE BRYAN PIPES	
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 LENNIE BRYAN PIPES	Date MAY 13 2018
Signature of President/Vice President of the Corporation LENNIE BRYAN PIPES	
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

FILED S 4:14
MAY 23 2018
 BY 331230