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State of Rhode Island and Providence Plantations * STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH OF

Bristol Home for Aged Women	
To the Secretary of State	
of the State of Rhode Island	
Pursuant to the provisions of Section	56, as amended,
the undersigned corporation, organized under the laws of the State of Rhode Island	••••••
submits the following statement for the purpose of changing its registered office or its registered agen	•
State of Rhode Island:	, o. oo., a.o
FIRST: The name of the corporation is Bristol Home for Aged Women	
SECOND: The address of its present registered office is c/o Marie C. Newton, 20 Harbo Bristol, RI 02809	or View Avenue,
THIRD: The address to which its registered office is to be changed is C/o Shawn P. Buckle Bhode Island Hospital Trust National Bank, One Hospital Trust Plaza, Providence, RI 02903	ess,AVP,
FOURTH: The name of its present registered agent is Marie C. Newton, 20 Harbor Vie Bristol, RI 02809	
The second of th	
FIFTH: The name of its successor registered agent is Shawn P. Buckless, AVP, Rhode I	reragga HosbirgT
Trust National Bank, One Hospital Trust Plaza, Providence, RI 02903	
SIXTU: The address of its registered office and the address of the business office of its and	
SIXTH: The address of its registered office and the address of the business office of its registered, will be identical.	
Changed, will be idelitical. Yes	C Z RECRECORF
SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.	# 20 mm #
Dated $12/17$, 1990	TI III IT
Bristol Home for Aged Women	(Not <u>e</u> 2) 🔾
By Thaire C. Newton	
By	(Note 3)
Its President	
to President	

NOTES:

- 1. Insert "7-6-13" if a business corporation, or "7-6-78" if a non-profit corporation.
- 2. Exact corporate name of corporation making statement.
- 3. Signature and title of officer signing for the corporation.