



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

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 CORPORATIONS DIV
 2018 SEP 19 AM 9:54

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

7-16-11

Pursuant to the provisions of RIGL _____, 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 796882	2. Exact Name of the Corporation Serra Physical Therapy, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 5 FORT HILL ROAD			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ELIZABETH M. TANNER, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 60 Bay Spring Ave Unit A2			
City/Town Barrington	State RHODE ISLAND	Zip 02806	
6. The name of the NEW registered agent is: Kimberly Serra			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date 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 ELIZABETH M. TANNER, ESQ.			Date 08/25/18
Signature of Authorized Officer of the Corporation <i>[Handwritten Signature]</i>			

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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