



**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

FAMILY PSYCHIATRY OF RHODE ISLAND, 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:

NIXON PEABODY LLP ONE CITIZENS PLAZA, SUITE 500 PROVIDENCE , RI 02903

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

STEPHEN ZUBIAGO, ESQ.

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 19 MOUNT AVE

City or Town: PROVIDENCE

State: RI

Zip: 02906

The name of the NEW resident agent is:

MARTA MAJCAK

**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 13 Day of October, 2018 at 3:00:41 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.*

FAMILY PSYCHIATRY OF RHODE ISLAND, LLC

Print Name of Limited Liability Company

MARTA MAJCAK

Signature of Authorized Person

Form No. 642  
Revised 09/07

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