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

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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office *ONLY* in the State of Rhode

1. Entity ID Number	2. Exact Name of the Limited Liability Company	
274511	Medi Health and Wellness LLC	
3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:		
Street Address: 80 Lambert Lind Hwy		
City/Town: WARWICK	State: **RHODE ISLAND**	Zip: 02886
4. The address of the **NEW** resident office is:		
Street Address (NOT a P.O. Box): 126 ARNOLD AVE.		
City/Town: CRANSTON	State: **RHODE ISLAND**	Zip: 02905
5. Date when this Statement of Change of Resident Office will be effective: **CHECK ONE BOX ONLY**		
☑ Date received (Upon filing)		
☐ 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 Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company: JOHN E. MIGLIACCIO		Date: 10/31/18
Signature of Authorized Person of the Limited Liability Company: John E. Migliaccio 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
OCT 31 2018
BY [signature]

FORM 642A - Revised 01/2018