



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 DEC 19 AM 11:45

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001685012	2. Exact Name of the Limited Liability Company CROWE HEALTHCARE RISK CONSULTING LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A	
City/Town EAST PROVIDENCE	State RHODE ISLAND Zip 02914
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BUSINESS FILINGS INTERNATIONAL, INC.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence,	State RHODE ISLAND Zip 02914
6. The name of the NEW resident agent is: C T Corporation System	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.	
Name of Authorized Person of the Limited Liability Company Sarah Cole, Manager	Date 12/17/18
Signature of Authorized Person of the Limited Liability Company 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

DEC 19 2018 11:45

BY P2N8N