



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Statement of Change of Registered Office by the Registered Agent**  
(Section 7-1.2-502(d) of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is Four Winds Chiropractic, Inc.

**SECTION II**

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

321 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

**SECTION III**

The address of the NEW registered office is:

No. and Street: 56 EXCHANGE TERRACE

City or Town: PROVIDENCE

State: RI Zip: 02903

**SECTION IV**

The change of address of the registered office shall become effective upon the filing of this statement, or on  
(a date not prior to, nor more than 30 days after, filing this statement)

**SECTION V**

A copy of this Statement has been mailed to the corporation.

**Signed this 28 Day of December, 2018 at 12:33:58 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

MARK G. SYLVIA

Signature of Registered Agent

Form No. 640  
Revised 09/07

