



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 FEB -4 PM 2:59
Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 265874		2. Exact Name of the Corporation Crellin Physical Therapy Services INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address One Ship Street			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: John A. Glasson Esq. One Ship St. Prov RI 02903			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 328 Cowegett Ave Suite 8			
City/Town West Warwick		State RHODE ISLAND	Zip 02893
6. The name of the NEW registered agent is: Andrew Crellin			
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 Andrew Crellin			Date 1-22-19
Signature of Authorized Officer of the Corporation <i>Andrew St. Crellin</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

FILED

FEB 04 2019

 BY **Z7W72**
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FORM 640 - Revised 04/2018