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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2019 MAR 25 AM 11:19

**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 <b>000487551</b>	2. Exact Name of the Limited Liability Company <b>Warwick Pain Associates, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>400 Bald Hill Road, Suite 319</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</b>
4. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>2870 Post Road</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company <b>Do Chan</b>	Date <b>3/21/19</b>	
Signature of Authorized Person of the Limited Liability Company <div style="text-align: center;">SIGN DOCUMENT HERE</div>		

**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**  
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