



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

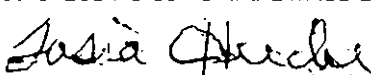
2019 APR -9 PM 12:00

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 001685719		2. Exact Name of the Limited Liability Company SEMAJ 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 ONE RICHMOND SQUARE, SUITE 125B			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02906
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: NORTHWEST REGISTERED AGENT, LLC			
5. The address of the NEW resident office is Street Address (<u>NOT</u> a P.O. Box) 1441 PARK AVENUE, SUITE B			
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
6. The name of the NEW resident agent is: STEVEN J. FERDINANDI			
7. Date when this Statement of Change of Resident 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 90 days from the date 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 TASIA HENDERSON			Date 3/12/2019
Signature of Authorized Person of the Limited Liability Company  DLPRD			

MAIL TO:

Division of Business Services

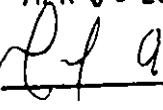
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

APR 09 2019

BY  **AG FSE**
12.00