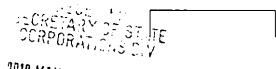
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division



2019 MAY 23 PH 2: 11

STAMP

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1664714	Luluna Health LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 466 old Town Rd po Box 387			
City/Town New Shoreham		State RHODE ISLAND	^{Zip} 02807
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 250 Esten Ave.			
Pawtuc Ket		RHODE ISLAND	02860
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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 Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
Lucille Kreger			5/23/19
Signature of Authorized Person of the Limited Liability Company			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 23, 2019 02:14 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

