



SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAY 23 PH 2:11 STAMP

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 1664714		2. Exact Name of the Limited Liability Company 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.			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
5. Date when this Statement of Change of Resident Office 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) _____			
<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 Lucille Kreger			Date 5/23/19
Signature of Authorized Person of the Limited Liability Company 			

FILED

MAY 23 2019

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BY **FL9EM**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov