



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

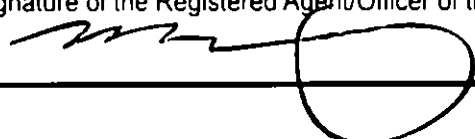
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SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL -3 PM 2:08

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island

1. Entity ID Number 943848		2. Exact Name of the Corporation Performance Physical Therapy Charitable Fund	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address ONE FINANCIAL PLAZA, SUITE 1800			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 321 SOUTH MAIN STREET, 4TH FLOOR			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct</i>			
Name of the Registered Agent/Officer of the Corporation MICHAEL F. SWEENEY			Date
Signature of the Registered Agent/Officer of the Corporation  SIGN DOCUMENT HERE			

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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