



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Professional Corporation

Statement of Change of Registered Office by the Registered Agent

(Section 7-1.2-502(d) of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is PROMISE INTEGRATIVE MEDICINE CLINIC RI, INC.

ARTICLE II

The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

2095 ELMWOOD AVENUE, SUITE 1 WARWICK , RI 02888

ARTICLE III

The address of the NEW registered office is:

No. and Street: 1637 MINERAL SPRING AVE
SUITE 207

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904

ARTICLE IV

The change of address of the registered office shall become effective upon the filing of this statement, or on 8/1/2019

(a date not prior to, nor more than 30 days after, filing this statement)

Signed this 1 Day of August, 2019 at 3:03:59 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

HYUN SOO YEO

Signature of Registered Agent

Form No. 640
Revised 09/07