



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 001671311		2. Exact Name of the Limited Liability Company Nursing Placement Hospice & Palliative Care, 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 Citizens Plaza, 8th Floor			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Adler Pollock & Sheehan P.C.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 334 East Avenue			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
6. The name of the NEW resident agent is: Michael Bigney			
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 Michael Bigney		Date 10/22/2019	
Signature of Authorized Person of the Limited Liability Company 		SIGN DOCUMENT HERE	

RECEIVED
 STATE
 DEPT. OF
 R.I. BUS. SVCS. DIV.
 OCT 25 PM 12:56

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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OCT 25 2019
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