



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

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2019 DEC - 2 2 PM 12:51

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

7-116-11

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 agent in the State of Rhode Island:

1. Entity ID Number 001006307		2. Exact Name of the Corporation LLC LIVING WELL ADULT DAY CARE LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 294 ROBIN HOLLOW ROAD			
City/Town WEST GREENWICH	State RHODE ISLAND	Zip 02817	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: GREGORY ANDRADE			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) MICHAEL J. HILL, CPA, INC. 6 BLACKSTONE VALLEY PLACE, SUITE 401			
City/Town LINCOLN	State RHODE ISLAND	Zip 02865	
6. The name of the NEW registered agent is: ELEANOR A. KENNEDY, CPA C/O MICHAEL J. HILL, CPA, INC.			
7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation LLC GREGORY ANDRADE		Date 11/26/18	
Signature of Authorized Officer of the Corporation LLC <i>[Signature]</i> ON 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

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BY **14 RM8**
A.A. 12:51p.m.

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