

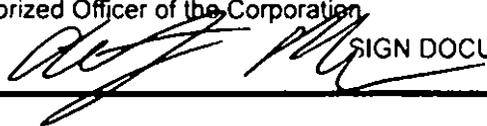
Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

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→ Filing Fee: \$20.00

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 001678307		2. Exact Name of the Corporation M+M Wellness Center, Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 42 Granite Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State William A Nardone			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 85 Beach Street, Building C, Unit 8			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
6. The name of the NEW registered agent is: Anthony L Marsh			
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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Anthony L Marsh		Date 12/6/19	
Signature of Authorized Officer of the Corporation 		SIGN DOCUMENT HERE	

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2019 DEC 23 PM 1:17

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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