



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



2020 JAN 30 01:15:19

# Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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 <b>103855</b>		2. Exact Name of the Corporation <b>Rhode Island Association of Naturopathic Physicians</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>121 ANP 119 11th St</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02906</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Marcy Feibelman</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>1148 Main Road</b>			
City/Town <b>Tiverton</b>		State <b>RHODE ISLAND</b>	Zip <b>02878</b>
6. The name of the <b>NEW</b> registered agent is: <b>Dr JOHN STRAUS</b>			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
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 President/Vice President of the Corporation <b>Dr Chrysanthe Karyantzis</b>			Date <b>1/30/20</b>
Signature of President/Vice President of the Corporation <b>Chrysanthe Karyantzis</b>			

## 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**

**JAN 30 2020**

BY **Ch 7003X**  
**1:15**