



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ Filing Fee: \$20.00

7-16-11

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:

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 MAY 18 PM 2:59

1. Entity ID Number 001681591		2. Exact Name of the Corporation C HC Group LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 176 Berkshire Street, Fl. 1			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CLAUDIA G. SANTOS			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 176 Berkshire Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
6. The name of the NEW registered agent is: HAI GIN HEE			
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 C CLAUDIA G. SANTOS			Date 05/13/2020
Signature of Authorized Officer of the Corporation C SIGN 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

FILED

MAY 18 2020

STAMP

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