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**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode

1. Entity ID Number <b>000980666</b>	2. Exact Name of the Limited Liability Company <b>QUALITY MEDICINE LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>6 Shoreline Dr</b>		
City/Town <b>Westerly</b>	State <b>RHODE ISLAND</b>	Zip <b>02891</b>
4. The address of the <b>NEW</b> resident office is: Street Address ( <u>NOT</u> a P.O. Box) <b>3 Crestview Drive, Lower Level</b>		
City/Town <b>Westerly</b>	State <b>RHODE ISLAND</b>	Zip <b>02891</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b> <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) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>		
Name of Authorized Person of the Limited Liability Company <b>Walter Scott Curtice</b>	Date <b>7/28/2020</b>	
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE		

**FILED**

JUL 31 2020

BY 11:27

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)