RI SOS Filing Number: 202066727910 Date: 10/20/2020 10:16:00 AM

State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office <i>ONLY</i> in the State of Rhode			
1 Entity ID Number 2. Exact Name of the Limited Liability Company			
001703280 Superior Outcomes LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 12 Doire Rd			
City/Town Cumberland	State RHODE ISLAND	2ip 02864	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 13 Vincent Way			
city/Jown Cumberland	RHODE ISLAND	2ip 02864	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
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.			
Name of Authorized Person of the Limited Liability Company	•	Date	
Chelsea Lee Maziarz		10/16/20	
Signature of Authorized Person of the Limited Liability Company			
Childred See Maneray MS. OTHIN DWNLE			

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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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 20, 2020 10:16 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

