



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

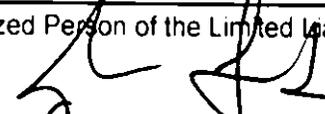
REC'D
 RI. E. ...
 2020 OCT 30 P 4:06

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001700331	2. Exact Name of the Limited Liability Company KTL Behavioral Health LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address - 65 Ginger Trail			
City/Town Coventry	State RHODE ISLAND	Zip - 02816	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Thomas Lundin			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) - 47 Wood Ave Ste 2			
City/Town - Barrington	State RHODE ISLAND	Zip 02806	
6. The name of the NEW resident agent is: Registered Agents Inc			
7. Date when this Statement of Change of Resident 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 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Thomas Lundin		Date 10.20.2020	
Signature of Authorized Person of the Limited Liability Company  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
 OCT 30 2020
 BY **Z. O. Z. N.**
A.A. 4:06 PM
 FORM 612 - Revised 12/2018