

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

R.I. DEPT. OF STATE
BUS SVCS DIV

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Corporation		
82867	MEDI-MANAGENENT, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 124 BROAD STICERT.			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860.
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 52 / ROOSEVELT AVE.			
City/Town CENTRAL	···	State RHODE ISLAND	2ip 02863
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 1/2/2021			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation			Date
TIN US WONG			12/21/2020
Signature of the Registered Agent/Officer of the Corporation			
June			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 21 2020