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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STA BUS SYCS DIV	.11.

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2021 JUL 29 PM 12: 33

	FRIGL <u>7-16-11</u> the undersigned I urpose of changing its resident o		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1715691	Myelinated Solutions LLC		
3. The address of the reside	ent office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 189 Governor	Street #202		
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the NEW		·	•
Street Address (NOT a P.O. Bo	0X) 11 South Angell Street #371		
City/Town Providence		State RHODE ISLAND	Zıp 02906
5. Date when this Statemer	it of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon f	ling)		
Later effective date (D	ate must be no more than 90 day	s from the date of filing)	
	leclare and affirm that I have exa and that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company		1	Date
Juan E. Rosario Jr. M.A.			07/24/2021
Signature of Authorized Per	son of the Limited Liability Comp	pany	
Queen	2 Rosnie		
	· , <u> </u>		

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

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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:

July 29, 2021 12:33 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

