



State of Rhode Island

Department of State - Business Services Division

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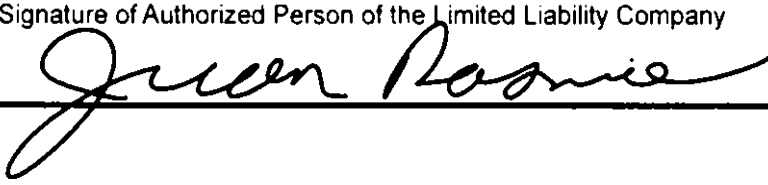
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## Statement of Change of Office

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<br><b>1715691</b>                                                                                                                                                                            |  | 2. Exact Name of the Limited Liability Company<br>Myelinated Solutions LLC |                    |
| 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<br>189 Governor Street #202                                                                                                                                                                       |  |                                                                            |                    |
| City/Town<br>Providence                                                                                                                                                                                          |  | State<br><b>RHODE ISLAND</b>                                               | Zip<br>02906       |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |  |                                                                            |                    |
| Street Address ( <u>NOT</u> a P.O. Box)<br>11 South Angell Street #371                                                                                                                                           |  |                                                                            |                    |
| City/Town<br>Providence                                                                                                                                                                                          |  | State<br><b>RHODE ISLAND</b>                                               | Zip<br>02906       |
| 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) _____                                                                                                  |  |                                                                            |                    |
| 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<br>Juan E. Rosario Jr. M.A.                                                                                                                           |  |                                                                            | Date<br>07/24/2021 |
| Signature of Authorized Person of the Limited Liability Company<br>                                                           |  |                                                                            |                    |

### 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)

FILED

JUL 29 2021

BY 