



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Statement of Change of Address of the Resident Agent**

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

Veterans for Alternative Medicine LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

45 MAIZE CORN ROAD PORTSMOUTH , RI 02871

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 5 ANN COURT

City or Town: WARREN

State: RI

Zip: 02885

**SECTION IV**

The change of address of the resident agent shall become effective upon the filing of this statement, or on 9/13/2021

*(a date not prior to, nor more than 90 days after, filing this Statement)*

**Signed this 13 Day of September, 2021 at 10:45:05 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

BLAKE COSTA

Signature of Resident Agent

Form No. 642  
Revised 09/07



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

September 13, 2021 10:45 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

