



**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

MERCY ANIMAL HOSPITAL, 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:

1441 PARK AVENUE CRANSTON , RI 02920

SECTION III

The NEW address of the resident agent is:

No. and Street: 945 RESERVOIR AVENUE
SUITE A

City or Town: CRANSTON

State: RI Zip: 02910

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on
(a date not prior to, nor more than 90 days after, filing this Statement)

Signed this 14 Day of October, 2021 at 1:49:46 PM. *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.*

STEVEN J. FERDINANDI
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:

October 14, 2021 01:48 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

