



State of Rhode Island  
Department of State - Business Services Division

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BUS SVCS DIV

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Statement of Change of Agent **name change**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~\$30.00~~ **0**

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000153537		2. Exact Name of the Corporation Senior Care Concepts Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 249 Sleepy Hollow farm Rd			
City/Town Warwick		State RHODE ISLAND	Zip 02886
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Jenny Miller			
5. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) 2348 Post Rd. Suite 4			
City/Town Warwick		State RHODE ISLAND	Zip 02886
6. The name of the NEW registered agent is: Jenny Koehler			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Jenny Koehler			Date 1/10/23
Signature of Authorized Officer of the Corporation <i>Jenny Koehler</i>			

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MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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JAN 12 2023  
BY le