



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 FEB -9 PM 1:54

**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

**NO 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 agent in the State of Rhode Island:

1. Entity ID Number 001730907		2. Exact Name of the Limited Liability Company KB Counseling, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 10 Jasper St			
City/Town Johnston		State RHODE ISLAND	Zip 02919
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Kaytlin Barreira			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 225 Newman Ave Suite 304B			
City/Town Rumford		State RHODE ISLAND	Zip 02916
6. The name of the NEW resident agent is: Kaytlin Barreira			
7. Date when this Statement of Change of Resident 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 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Kaytlin Barreira			Date 2/6/2023
Signature of Authorized Person of the Limited Liability Company 			

**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**  
 FEB 09 2023  
 BY ML



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 09, 2023 01:54 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

