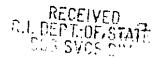


Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



2023 FEB 15 ₱ 1:57

	IGL <u>7-1,2-502</u> or <u>7-1.2-1409</u> thoose of changing its registered		
1. Entity ID Number	2. Exact Name of the Corporation		
001659246	TSI HEALTHCARE, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
BUSINESS FILINGS INCORPORATED			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW registered agent is:			
C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
➤ Date received (Upon filing)			
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			Date
JEFFREY D. LINTON, SECRETARY			1/30/2023
Signature of Authorized Officer of the Corporation			
Jeff linton			
DECCOASO-100405		·	

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 15 2023

BY DEWSH

FORM 640 - Revised 08/2020