



### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 APR 10 PM 3:19

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 1718137	2. Exact Name of the Limited Liability Company Healing Minds Psychiatry, LLC
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3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address Nixon Peabody LLP, One Citizens Plaza, Ste. 500

City/Town Providence	State RHODE ISLAND	Zip 02903
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4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:  
Stephen D. Zubiago, Esq.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) 67 Sherman Ave.

City/Town Bristol	State RHODE ISLAND	Zip 02809
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6. The name of the **NEW** resident agent is:  
Lisa M. Dejesus

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

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 Lisa M. Dejesus	Date 4/4/23
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Signature of Authorized Person of the Limited Liability Company



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

**FILED**  
 APR 10 2023  
 BY SMTRK  
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