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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JUL 13 A 11:00

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 001730269		2. Exact Name of the Limited Liability Company THE PLUM PSYCHOLOGY, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address: 11 S. Angell Street, #361			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Ronnasia Gaskins			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 650 GEORGE WASHINGTON HWY., STE 200			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: JOSEPH RAHEB, ESQ.			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company RONNESIA GASKINS			Date 6/1/23
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

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 BY ML 227
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