



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

→ Filing Fee: \$20.00

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

2023 JUL 20 A 10:11

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 1700199		2. Exact Name of the Limited Liability Company WELLFIT PLANS, LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 200 Jefferson Boulevard, Suite 200			
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip 02888	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Unisearch, Inc.			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 200 Jefferson Boulevard, Suite 200			
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip 02888	
6. The name of the <b>NEW</b> resident agent is: Cogency Global Inc.			
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Rick McDonough			Date 07/10/2023
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 10:11  
 JUL 20 2023  
 BY ML 7222