	State of Rhoo Office of the Secre		No Fee
	Division Of Busin	ess Services	
	148 W. Rive	r Street	
	Providence RI 0	2904-2615	
1636	(401) 222-	3040	
Limited Liability Company			
Statement of Change of Address of the Resident Agent (Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)			
	SECTION		
The name of the limited liability company is			
Informed, LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>359 PUTNAM PIKE UNIT 104 SMITHFIELD , RI 02917</u>			
SECTION III			
The NEW address of the resident agent is:			
No. and Street:	269 GREENVILLE AVE.		
City or Town:	<u>UNIT E</u> JOHNSTON	State: RI	Zip: <u>02919</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on $\frac{1/1/2024}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 90 \ days \ after, \ filing \ this \ Statement)}$			
<b>Signed this 22 Day of November, 2023 at 2:03:22 PM.</b> This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.			
KRYSTAL N. MACHADO Signature of Resident Agent			
Form No. 642			

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