



State of Rhode Island
Department of State - Business Services Division

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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 000869919		2. Exact Name of the Limited Liability Company Form & Function Physical Therapy & Sports Medicine, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 2374 Post Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: James C. Lawrence, Esq.			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 22 Inkberry Trail			
City/Town Narragansett		State RHODE ISLAND	Zip 02882
6. The name of the NEW resident agent is: Guerrino Boni			
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) _____			
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 Guerrino Boni			Date 11/16/23
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 SSR

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