



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

no fee

ADDRESS

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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 001765405	2. Exact Name of the Limited Liability Company Cosmic Healing 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 <del>2645 Post Rd #307</del> 1239 Hill Farm Rd	
City/Town <del>Warwick</del> Cranston	State RHODE ISLAND Zip 02816 02816
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Kristina Carlson	
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 2893 Post Rd	
City/Town Warwick	State RHODE ISLAND Zip 02886
6. The name of the <b>NEW</b> resident agent is: Kristina Carlson	
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) _____	
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 Kristina Carlson	Date 2/15/24
Signature of Authorized Person of the Limited Liability Company Kristina Carlson	

**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**

FEB 20 2024

BY A.A. 2:09 pm

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

February 20, 2024 02:09 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

