



**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

ADDRESS

RECEIVED  
DEPT. OF STATE

2024 FEB 20 P 2:09

→ Filing Fee: ~~\$20.00~~ **no fee**

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> <b>1239 Hill Farm Rd</b>			
City/Town <del>Warwick</del> <b>Cventry</b>		State <b>RHODE ISLAND</b>	Zip <del>02816</del> <b>02816</b>
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) <b>2893 Post Rd</b>			
City/Town <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02886</b>
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) _____			
<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 Kristina Carlson			Date 2/15/24
Signature of Authorized Person of the Limited Liability Company <i>Kristina Carlson</i>			

**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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