| State of Rhode Island No Fee<br>Office of the Secretary of State   |
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| Division Of Business Services  |
| 148 W. River Street  |
| Providence RI 02904-2615   |
| <b>1636</b> (401) 222-3040   |
| Limited Liability Company  |
| Statement of Change of Address of the Resident Agent<br>(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)  |
| SECTION I  |
| The name of the limited liability company is   |
| All Connected Counseling, 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:   |
| 2220 PLAINFIELD PIKE CRANSTON , RI 02921   |
| SECTION III  |
| The NEW address of the resident agent is:  |
| No. and Street: <u>2220 PLAINFIELD PIKE</u>  |
| City or Town: CRANSTON State: RI Zip: 02921  |
| SECTION IV   |
| The change of address of the resident agent shall become effective upon the filing of this statement, or on $\frac{4/13/2024}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 90 \ days \ after, \ filing \ this \ Statement)}$  |
| <b>Signed this 13 Day of April, 2024 at 10:08:14 AM.</b> <i>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.</i> |
| ASHLEY GARGANO<br>Signature of Resident Agent  |
| Form No. 642<br>Revised 09/07  |

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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:

April 13, 2024 10:08 AM

Treng M. Course

Gregg M. Amore Secretary of State

