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State of Rhode Island

**Department of State - Business Services Division** 

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

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······································				
Entity ID Number	Exact Name of the Limited Liability Company			
001715445	EMBODIED LIVING COUNSELING, LLC			
3. The address of the resident	ent office as PRESENTLY showr	n in the records on file with the	RI Department of State:	
Street Address 39 NICHOL	LS ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	<sup>Z<sub>1</sub>p</sup> 02852	
4. The address of the NEW	resident office is:	<del></del>	<u> </u>	
Street Address ( <u>NOT</u> a P.O. Bo	<sup>ox)</sup> 1130 TEN ROD ROAD,	SUITE C104		
City/Town NORTH KINGSTOWN		State RHODE ISLAND	<sup>Zip</sup> 02852	
5. Date when this Statemer	nt of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
	declare and affirm that I have exa and that all statements contained		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
CHELSEA S. HILL			04/18/24	
Signature of Authorized Per	rson of the Limited Liability Comp	pany		

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
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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 29, 2024 03:33 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

