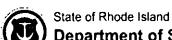
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## **Department of State - Business Services Division**

## SEC.D SIDOS B20.

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001660300	Magellan Rx Management, LLC		
3. The address of the resident	office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 222 JEFFERSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CORPORATION SERVICE COMPANY			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NQT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		RHODE ISLAND	Zip 02914
6. The name of the NEW resident agent is:			
C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
		viii be encouve. Official Control	SOX ONE!
X Date received (Upon filing			SOX ONE!
X Date received (Upon filir Later effective date (Dat Under penalty of perjury, I de	ng) e must be no more than 90 da clare and affirm that I have exa	ys from the date of filing)	
X Date received (Upon filing Later effective date (Date Under penalty of perjury, I de Limited Liability Company, and	ng) e must be no more than 90 da	ys from the date of filing) mined this Statement of Chan I herein are true and correct.	
X Date received (Upon filing Later effective date (Date Under penalty of perjury, I de Limited Liability Company, and	ng) e must be no more than 90 da clare and affirm that I have exa ed that all statements contained	ys from the date of filing) mined this Statement of Chan I herein are true and correct.	ge of Resident Agent by the

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 219
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