



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 12 AM 9:48:42

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 001752068		2. Exact Name of the Corporation Comfortcare, Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 20 Sylvia LN			
City/Town 20 th Lincoln		State RHODE ISLAND	Zip 02904
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Amos Adelaize			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 372 Broadway, Unit A2			
City/Town Newport		State RHODE ISLAND	Zip 02840
6. The name of the NEW registered agent is: Iyabode Alfred			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Iyabode Alfred			Date 7/12/2024
Signature of Authorized Officer of the Corporation <i>Iyabode Alfred</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 948
JUL 12 2024
BY 38486 EJ