



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDDS BSD  
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**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 000110625	2. Exact Name of the Corporation Next Step Bionics and Prosthetics, Inc.
3. The address of the registered office as <b>PRESENTLY</b> 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 registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY	
5. The address of the <b>NEW</b> registered office is:	
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND
Zip 02914	
6. The name of the <b>NEW</b> registered agent is: C T Corporation System	
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>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.</i>	
Name of Authorized Officer of the Corporation Kathryn McBride	Date 8/12/2024
Signature of Authorized Officer of the Corporation 	

**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**  
AUG 13 2024  
BY LIBERT