



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Office

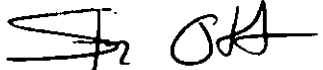
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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R.I. DEPT. OF STATE
BUS SVCS DIV

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

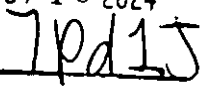
1. Entity ID Number 001756878		2. Exact Name of the Limited Liability Company Waves of Change Counseling Group, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 2 Richmond Square Suite 204			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 390 Tollgate Road, Suite 206, C/O Family Institute of RI			
City/Town Warwick		State RHODE ISLAND	Zip 02886
5. Date when this Statement of Change of Resident Office will 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) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Stacy Ott			Date 10/08/2024
Signature of Authorized Person of the Limited Liability Company 			

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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BY 
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