		te of Rhode Island the Secretary of State	Fee: \$20.00
	Divisio	on Of Business Services	
	14	48 W. River Street	
	Provi	dence RI 02904-2615	
1636		(401) 222-3040	
Limited Liability Company Statement of Change of Resident Agent (Section 7-16-11 of the General Laws of Rhode Island, 1956, as amended)			
SECTION I			
The name of the limited liability company is			
Health Over Everything, LLC			
SECTION II			
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
<u>47 WOOD AVE. STE 2 BARRINGTON , RI 02806</u>			
The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:			
REGISTERED AGENTS INC.			
SECTION III			
The NEW address of the resident agent is:			
No. and Street: <u>9 NORTH</u>	<u>I DR</u>		
City or Town: <u>MIDDLE</u>		State: RI	Zip: <u>02842</u>
The name of the NEW resident a	gent is:	ELIZABETH ZAPPEN-ROSS	
SECTION IV			
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.			
Signed this 22 Day of November, 2024 at 8:46:18 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.			

<u>Health Over Everything, LLC</u> Print Name of Limited Liability Company

ELIZABETH ZAPPEN-ROSS Signature of Authorized Person

Form No. 642 Revised 09/07

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