



State of Rhode Island  
Department of State - Business Services Division

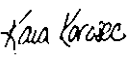
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## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

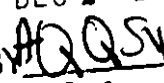
|                                                                                                                                                                                                                 |  |                                                                                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br>001697809                                                                                                                                                                                |  | 2. Exact Name of the Limited Liability Company<br>VOUCH RISK MANAGEMENT SERVICES, LLC |                    |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                         |  |                                                                                       |                    |
| Street Address 222 JEFFERSON BLVD, STE 200                                                                                                                                                                      |  |                                                                                       |                    |
| City/Town<br>WARWICK                                                                                                                                                                                            |  | State<br>RHODE ISLAND                                                                 | Zip<br>02888       |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>CORPORATION SERVICE COMPANY                                                              |  |                                                                                       |                    |
| 5. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |  |                                                                                       |                    |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                                                 |  |                                                                                       |                    |
| City/Town<br>East Providence                                                                                                                                                                                    |  | State<br>RHODE ISLAND                                                                 | Zip<br>02914       |
| 6. The name of the <b>NEW</b> resident agent is:<br>C T Corporation System                                                                                                                                      |  |                                                                                       |                    |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |  |                                                                                       |                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br>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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct. |  |                                                                                       |                    |
| Name of Authorized Person of the Limited Liability Company<br>KARA KORESEC, MANAGER                                                                                                                             |  |                                                                                       | Date<br>12/19/2024 |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |  |                                                                                       |                    |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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