RI SOS Filing Number: 202461854400 Date: 12/27/2024 2:01:00 PM



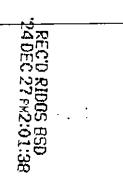
## State of Rhode Island

## **Department of State - Business Services Division**

## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00



Pursuant to the provisions following statement for the	of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the purpose of changing its registered	ne undersigned corporation su I agent in the State of Rhode I	sland:	
Entity ID Number		2. Exact Name of the Corporation		
001760571	QUADRANT RI VIRTUAL CA	QUADRANT RI VIRTUAL CARE P.C.		
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
04	RSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4. The name of the regis	tered agent as PRESENTLY show	n in the records on file with the	RI Department of State:	
INCORPORATING SERV	ICES, LTD.			
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O	. Box) 450 Veterans Memorial Parkwa	ry, 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 Staten	nent of Change of Registered Agen	t will be effective: CHECK ON	E BOX ONLY	
X Date received (Upo				
Later effective date	(Date must be no more than 30 da	ys from the date of filing)		
Under penalty of perjury, Corporation, and that all	, I declare and affirm that I have ex- statements contained herein are to	amined this Statement of Char ue and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
KARA KOROSEC			12/23/2024	
Signature of Authorized	Officer of the Corporation			
Kaia Korosec				
Jum G. 535			<u> </u>	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

