



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
JAN 16 AM 11:18:33

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STATE  
BUSINESS DIV  
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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 <b>001705696</b>		2. Exact Name of the Limited Liability Company <b>Ruby Lee MD LLC</b>	
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 <b>10 Elmgrove Avenue</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Ruby Lee</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>6 BLACKSTONE VALLEY PLACE, STE 107</b>			
City/Town <b>LINCOLN</b>	State <b>RHODE ISLAND</b>	Zip <b>02865</b>	
6. The name of the <b>NEW</b> resident agent is: <b>Minghan Leo Tsay</b>			
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)			
<input type="checkbox"/> 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 <b>Minghan Leo Tsay</b>			Date <b>12/19/2024</b>
Signature of Authorized Person of the Limited Liability Company 			

RI DOS MADE EDITS PER FILER

FILED 11:22

JAN 06 2025

BY AQJRA

CBO

### MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

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