**State of Rhode Island**
**Office of the Secretary of State**

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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

A Pediatric Evolution 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:

47 WOOD AVE. STE 2 BARRINGTON , RI 02806

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: 700 NARRAGANSETT PARK DR
STE 100
City or Town: PAWTUCKET State: RI Zip: 02861

The name of the NEW resident agent is: REGISTERED AGENTS INC

**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 19 Day of March, 2025 at 12:49:13 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.*

A Pediatric Evolution LLC

Print Name of Limited Liability Company

ROBIN JONES
Signature of Authorized Person

Form No. 642
Revised 09/07