	State of Rhod Office of the Secre		No Fee
	Division Of Busin	ess Services	
	148 W. River	Street	
	Providence RI 02		
7630	(401) 222-	3040	
	Company ange of Address of the Residen (1) of the General Laws of Rhode Islan		
	SECTION I		
The name of the li	imited liability company is		
Perfusion Properti	ies, 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 AVENUE, SUITE 2 BARRINGTON</u> , <u>RI 02806</u>			
SECTION III			
The NEW address	of the resident agent is:		
No. and Street:	<u>700 NARRAGANSETT PARK I</u> <u>STE 100</u>	<u>DR</u>	
City or Town:	<u>PAWTUCKET</u>	State: RI Zip: <u>028</u>	<u>61</u>
SECTION IV			
The change of address of the resident agent shall become effective upon the filing of this statement, or on $3/21/2025$ (a date not prior to, nor more than 90 days after, filing this Statement)			
individuals signing under penalties of of the company, ar	g this instrument constitutes the affirm perjury, that this instrument is that in	This electronic signature of the indivio nation or acknowledgement of the sig ndividual's act and deed or the act and , as of the date of the electronic filing,	natory, d deed
<u>ROBIN JONES</u> Signature of Resid	lent Agent		
l			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 20, 2025 09:25 PM

Treng M. Course

Gregg M. Amore Secretary of State

