



State of Rhode Island
Department of State - Business Services Division

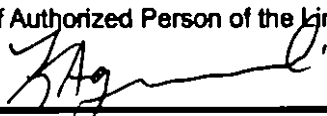
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Statement of Change of Agent

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 001667188		2. Exact Name of the Limited Liability Company Hone Care Networks, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 Amory Street			
City/Town Providence		State RHODE ISLAND	Zip 02904
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Angela Agwunobi			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1020 Park Ave (suite 213)			
City/Town Cranston		State RHODE ISLAND	Zip 02910
6. The name of the NEW resident agent is: Kelechi Agwunobi			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ 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 Kelechi Agwunobi			Date 4/11/2025
Signature of Authorized Person of the Limited Liability Company 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 11 2025
BY **2256**
STAMP