State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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	2. Exact Name of the Limited Liability Company
001667188	Home 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	State	Zip	
Providence	**RHODE ISLAND**	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	State	Zip
Cranston	**RHODE ISLAND**	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**

- [x] 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	Date
Kelechi Agwunobi	4/11/2025

Signature of Authorized Person of the Limited Liability Company

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1:58
APR 11 2025
STAMP
BY 2256

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