



Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 APR 16 P 12:20

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 001716685		2. Exact Name of the Limited Liability Company Core Health and Wellness, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 2 Del Bonis Drive			
City/Town Richmond	State RHODE ISLAND	Zip 02892	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Michelle Clark			
5. The address of the NEW resident office is: Street Address (NOI a P.O. Box) 1004 Boston Neck Road			
City/Town Narragansett	State RHODE ISLAND	Zip 02882	
6. The name of the NEW resident agent is: Michelle Clark			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Michelle Clark MSPT		Date 4/12/2025	
Signature of Authorized Person of the Limited Liability Company 			

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

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