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Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

| Pursuant to the provisions of R following statement for the pur | | | |
|---|----------------------------------|----------------------------------|-----------------------------------|
| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
| 000160434 | PEACEFUL MIND INC. | | |
| 3. The address of the register | ed office as PRESENTLY sho | wn in the records on file with t | he RI Department of State: |
| Street Address COLLEGE HILL ROAD, SUITE 1A | | | |
| City/Town WARWICK | | State RHODE ISLAND | ^{Zip} 02886 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 2/ College Hill Rd Suite IA | | | |
| City/Town WATW, (K | | State RHODE ISLAND | Zip 02886 |
| 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY | | | |
| Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) | | | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | | | |
| Under penalty of perjury, I dec all statements contained here | | amined this Statement of Char | ge of Registered Office, and that |
| Name of the Registered Agent/Officer of the Corporation Cecilia Dictala | | | Date ///25 |
| Signature of the Registered Agent/Officer of the Corporation | | | |
| Contan Antil | | | |

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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