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State of Rhode Island Office of the Secretary of State

No Fee

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company

Statement of Change of Address of the Resident Agent

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

Olive Branch Nutrition Therapy 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:

47 WOOD AVE. STE 2 BARRINGTON, RI 02806

SECTION III

The NEW address of the resident agent is:

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET State: RI Zip: 02861

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 90 days after, filing this Statement)

Signed this 5 Day of June, 2025 at 10:15:37 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

ROBIN JONES

Signature of Resident Agent

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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:

June 05, 2025 10:14 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

