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	2. Exact Name of the Limited Liability Company
001764356	VIRTUAL NEUROLOGY, PLLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
700 NARRAGANSETT PARK DR, STE 100		
City/Town: PAWTUCKET	State: **RHODE ISLAND**	Zip: 02806

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

NORTHWEST REGISTERED AGENT LLC

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town: East Providence	State: **RHODE ISLAND**	Zip: 02914

6. The name of the **NEW** resident agent is:

C T Corporation System

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
Mohammad Zaman, D.O., Manager	05/02/25

Signature of Authorized Person of the Limited Liability Company

Signed by

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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JUN 17 2025
BY NSGKN

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