State of Rhode Island
Office of the Secretary of State

Fee: $20.00

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

Limited Liability Company
Statement of Change of Resident Agent

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

SECTION I

The name of the limited liability company is

Freedom to Heal, 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:

1070 MAIN STREET COVENTRY , RI 02816

The name of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

THOMAS J. CRONIN, ESQ.

SECTION III

The NEW address of the resident agent is:

No. and Street: 375 TIOGUE AVE
City or Town: COVENTRY State: RI Zip: 02816

The name of the NEW resident agent is: LAVINIA VELAZQUEZ

SECTION IV

The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Signed this 28 Day of January, 2026 at 2:13:00 PM. *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.*

Freedom to Heal, LLC
Print Name of Limited Liability Company

LAVINIA VELAZQUEZ
Signature of Authorized Person

Form No. 642
Revised 09/07