



**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

Reynolds Physical 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:

ONE TURKS HEAD PLACE, SUITE 900 PROVIDENCE , RI 02903

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

PER C. VAAGE, ESQ.

SECTION III

The NEW address of the resident agent is:

No. and Street: 464 MAPLE AVENUE

City or Town: BARRINGTON

State: RI

Zip: 02806

The name of the NEW resident agent is:

JENNIFER REYNOLDS

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 4 Day of February, 2026 at 7:14:32 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.*

Reynolds Physical Therapy, LLC

Print Name of Limited Liability Company

PER C VAAGE

Signature of Authorized Person

Form No. 642
Revised 09/07

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