RI SOS Filing Number: 202224640950 Date: 11/9/2022 2:08:00 PM



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL <u>7-16-11</u> 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					
001736103	GBCARE, LLC					
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:						
Street Address 222 JEFFERSON BOULEVARD Swite Zw						
City/Town WARWICK		State RHODE ISLAND	Zip 02888			
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:						
COGENCY GLOBAL INC.						
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		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						
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			
MICHELE HOLDEN, SECRETARY			11/01/2022			
Signature of Authorized Person of the Limited Liability Company						
Michel Holdin						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEL STAMP

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A. A. RRM 642 - Rivised: 08/2020