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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

-> Fring Foo: \$10.00 -> No fac due to name change

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corpora	ation	
118179	Chaplain Minist	ry Helpforthe C	hildren Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 108 Doyle dre. Ste22			
City/Toyn Providence	~ ~	RHODE ISLAND	Zip 0 290 G
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Emmanuela Paul Torchon			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 38 William EllERY Place			
		RHODE ISLAND	Zip 02904
6. The name of the NEW registered agent is: SUNSHINE Power			
 The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical. 			
8. The change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of President/Vice President of the Corporation Date 5/24/2018			
Signature of President Vice President of the Corporation SIGN DOCUMENT HERE			
	V		

MAIL TO:

Division of Business Services

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

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

FORM 641 - Revised: 11/2017