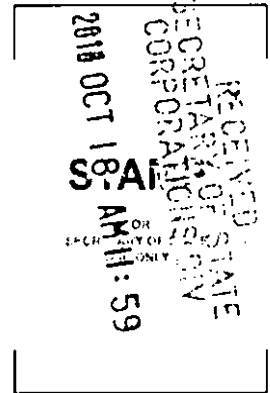




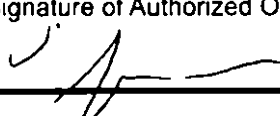
State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 88764		2. Exact Name of the Corporation A. M. Construction, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address			
City/Town		State RHODE ISLAND	Zip
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 12 Hickory Lane			
City/Town Greenville		State RHODE ISLAND	Zip 02828
6. The name of the NEW registered agent is: Jose Andrade			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Jose Andrade			Date October 16, 2018
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

OCT 18 2018

BY KL 11:59

STAMP

FOR SECRETARY OF STATE USE ONLY