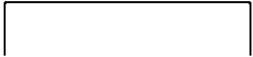




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

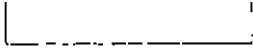


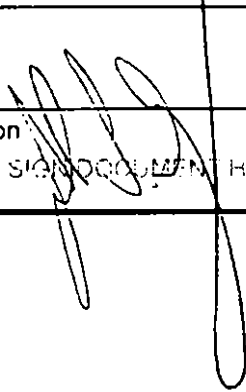
Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

STAMP

→ 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 62777		2. Exact Name of the Corporation CONLEY GROUP, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1445 WAMPANOAG TRAIL, SUITE 115			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02915	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DANA H. GAEBE, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1445 WAMPANOAG TRAIL, SUITE 101			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02915	
6. The name of the NEW registered agent is: ALLISON ROCK, ESQ.			
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 JOHN F. CONLEY, PRESIDENT		Date JANUARY 16, 2019	
Signature of Authorized Officer of the Corporation: 		Date	
SIGN DOCUMENT HERE			

2019 FEB 11 PM 12:46
 SECRETARY OF STATE
 CD RI

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

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