

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

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Statement of Change of Registered Agent **Business Corporation**

Filing Fee: \$20.00

Pursuant to the provisions of for the purpose of changing it	RIGL <u>7-1.2-502</u> or <u>7-1.2-140</u> is registered agent in the Sta	<u>9</u> the undersigned corporation s te of Rhode Island:	ubmits the following statement
1. Entity ID Number	Exact Name of the Corporation		
17493	Perspectives Corporation		
3. The address of the registe	red office as PRESENTLY s	hown in the records on file with t	he RI Department of State:
Street Address 1130 Ten F	Rod Road, Building B,	Suite 101	
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852
4. The address of the NEW r			
Street Address (<u>NOT</u> a P.O. Box	() 1130 Ten Rod Road,	Building B, Suite 101	
City/Town North Kingstown		State RHODE ISLAND	^{Zip} 02852
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Julie A Sykes			
6. The name of the NEW registered agent is:			
Judith A Niedbala			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon fili	ng)		
Later effective date (Dat	te must be no more than 30 o	days from the day of filing)	
Under penalty of perjury, I de Corporation, and that all state	clare and affirm that I have e ements contained herein are	xamined this Statement of Char true and correct.	ige of Registered Agent by the
Name of Authorized Officer of the Corporation		The state of the s	Date
Judith A Niedbala			4-15-16
Signature of Authorized Offic	er of the Corporation	UMENT HERE	
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Form No. 640 Revised: 2016