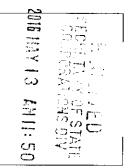


State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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 Non-Profit Corporation

Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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			
26237	Haven United Methodist Church				رم شاران
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: ⊃					
Street Address 210 Second Street			Y 20		
City/Town East Providence		State RHODE ISLAND	^{Zip} 02914	AK	SS
4. The address of the NEW registered office is:				ö	PA
Street Address (NOT a P.O. Box), AVENUE				35	ें ह ाल है
East Providence State RHODE ISLAND Zip 02			914		
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
Nancy Johnson					
6. The name of the NEW registered agent is:					
Deborah Sargent					
7. 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			Date	Date	
Joan E. Klein			5/4/2016		
Signature of President/Vice President of the Corporation					
Soan EKlein SIGN DOCUMENT HERE					
1 1					

10:36 AM

FILED

Form No. 641 Revised: 2016