

SECRETARY OF STATE OF DRY

Statement of Change of Registered Office	
DOMESTIC or FOREIGN Business Corporation	-(_

→ No Filing Fee

7-16-11

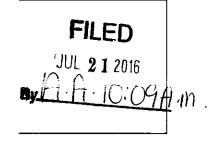
Pursuant to the provisions of F following statement for the pur		• ,	I	
1. Entity ID Number	2. Exact Name of the Corporation LLC			
1089523	PINNACLE SECUIRTY CONSULTING INVESTIGATIONS LLC			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 172 OLD COUNTRY ROAD				
City/Town SMITHFIELD		State RHODE ISLAND	^{Zip} 02917	
4. The address of the NEW registered office is:				
Street Address (NOT a P.O. Box) 19 PRUTIAN STREET				
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02904	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX				
✓ Date received (Upon filing	g)			
Later effective date (Date must be no more than 30 days from the day of filing)				
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).				
	clare and affirm that I have exa		ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation		Date		
LOUIS D STRAVATO			7/20/16	
Signature of the Registered A	gent/Officer of the Corporation	JMENT HEREL		

MAIL TO:

Division of Business Services

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

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



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

