

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

SEGRETARY OF STATE OF

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

Ollowing statement for the	purpose or changing its registered	u agent in the State of Knode i	Siariu.
1. Entity ID Number	2. Exact Name of the Corporation		
849378	Zappico Marine, Inc.		
3. The address of the regis	stered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address 4568 Tower	Hill Road		
City/Town Wakefield		State RHODE ISLAND	Zip 02879
4. The name of the registe	red agent as PRESENTLY show	n in the records on file with the	RI Department of State:
Thomas Ricci			
5. The address of the NEV	registered office is:		y
Street Address (NOT a P.O. E	^{3ox)} 450 Veterans Memorial Par	kway, Suite $ eg hackbox$	
City/Town East Providence		State RHODE ISLAND	^{Zip} 02914
6. The name of the NEW n	egistered agent is:		, f
National Registered Ager	nts, Inc.		
7. Date when this Stateme	nt of Change of Registered Agen	t will be effective: CHECK ONI	LY ONE BOX
✓ Date received (Upon to provide the provided to provide to provided to provide to provided to pro	ñling)		
Later effective date (D	Date must be no more than 30 day	ys from the day of filing)	
Under penalty of perjury, I c Corporation, and that all st	declare and affirm that I have exa atements contained herein are tro	amined this Statement of Chan ue and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
James Zappi			7/22/16
Signature of Authorized of		JMENT HERE	
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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

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