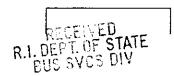


Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following



2016 SEP 26 AM 10: 50

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

statement for the purpose of changing its registered office in the State of Rhode Island:		
1. Entity ID Number 2. Exact Name of the Corpora The House	ation of Mood	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 461 Main Street, Powtucket		
City/Town Paw to cleet	State RHODE ISLAND	0286 Ø
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) ZI Broad St		
City/Town Paw to ched	State RHODE ISLAND	zip 02860
5. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).		
6. If recorded by the corporation, 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 these Statement of Change of Registered Office, and that all statements contained herein are true and correct.		
Name of the Registered Agent/President or Vice President of	of the Corporation	Date
Jennifer HARRICHARAN		9/26/16
Signature of the Registered Agent/President or Vice President of the Corporation		
5.M. However SIGN DOCUMENT HERE		

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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FORM 641A - Revised: 06/2016