



2016 OCT -7 AM 10: 51

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

| Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following | | |
|---|--------------------|-----------|
| statement for the purpose of changing its registered agent in the State of Rhode Island: | | |
| Entity ID Number 2. Exact Name of the Corporation | | |
| 489017 Epen-ever Dazarene Church of R) | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Street Address 43 Rocham heav— Ave. City/Town Providence State RHODE ISLAND Zip 02906 | | |
| City/Town Prvidence | State RHODE ISLAND | Zip 02906 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Maryse Chery | | |
| 5. The address of the NEW registered office is: | | |
| Street Address (NOT a P.O. Box) 237 DIVISION ST, | | |
| City/Town Paw Lucket | State RHODE ISLAND | Zip 02860 |
| 6. The name of the NEW registered agent is: | | |
| Claudine Simon | | |
| 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 |
| viacre JEAN MERLain 10 7/6 | | 10 7 16 |
| Signature of President/Vice President of the Corporation | | |
| 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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