

## Statement of Change of Agent **DOMESTIC or FOREIGN Business Corporation** → Filing Fee: \$20.00 Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 Corporation 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address City/Town **RHODE ISLAND** Warren 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) City/Town 6. The name of the **NEW** registered agent is: UPIVS 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX Date received (Upon filing) Later effective date (Date must be no more than 30 days from the day of filing) 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 Authorized Officer of the Corporation Dusilvein

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Signature of Authorized Officer of the Corporation

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

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