

Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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:	
Entity ID Number 2. Exact Name of the Corporation	ation
$1 0 \sim 1 = C(1)$	BAL& LOUNGE INC
3. The address of the registered office as PRESENTLY shown in the records on file with the RIDepartment of State:	
Street Address 342 ATWELLS AVE	
City/Town PROV	State RHODE ISLAND Zip 3903
4. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box)	
342 ATWELLS AVE	
City/Town PION -	State RHODE ISLAND Zip 00903
5. 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)	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.	
Name of the Registered Agent/Officer of the Corporation	Date
DONNY JANCHEZ	10-7-16
Signature of the Registered Agent/Officer 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 OCT 0 7 2016

FORM 640A - Revised: 06/2016