



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**Statement of Change of Registered Office**

DOMESTIC or FOREIGN ~~Business Corporation~~

→ No Filing Fee

LLC

7-116-11

Pursuant to the provisions of RIGL ~~7-1-2-602 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<br><b>1086429</b>                                                                                                                                                                                                                                                                 |  | 2. Exact Name of the Corporation<br><b>PROVIGOR GLOBAL, LLC</b> |                         |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>128 DORRANCE STREET, SUITE 450</b>                                                                                                                     |  |                                                                 |                         |
| City/Town <b>PROVIDENCE</b>                                                                                                                                                                                                                                                                           |  | State <b>RHODE ISLAND</b>                                       | Zip <b>02903</b>        |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>265 GEORGE WASHINGTON HIGHWAY</b>                                                                                                                                                                |  |                                                                 |                         |
| City/Town <b>SMITHFIELD</b>                                                                                                                                                                                                                                                                           |  | State <b>RHODE ISLAND</b>                                       | Zip <b>02917</b>        |
| 5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX<br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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).<br><i>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.</i> |  |                                                                 |                         |
| Name of the Registered Agent/Officer of the Corporation<br><b>RICHARD W NICHOLSON, ESQ</b>                                                                                                                                                                                                            |  |                                                                 | Date<br><b>10/20/16</b> |
| Signature of the Registered Agent/Officer of the Corporation<br> <b>SIGN DOCUMENT HERE</b>                                                                                                                          |  |                                                                 |                         |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
OCT 27 2016  
By A.A. 10:31 A.M.

642 A



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

