

| Statement of Change of Registered Office DOMESTIC or FOREIGN Non-Profit Corporation | | | 2 2 |
|---|----------------------------------|--------------------|----------------------|
| → No Filing Fee | | | DEPT DEPT DEPT |
| Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office in the State of Rhode Island: | | | |
| Entity ID Number | 2. Exact Name of the Corporation | | |
| 001205735 | | 19 Internation | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 144 Chestnut Steet | | | |
| City/Town Central FallS | | State RHODE ISLAND | zip 02863 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02909 |
| 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 the Corporation Date | | | |
| SA/VABOR VASQUEZ 11-16-16 | | | |
| Signature of the Registered Agent/President or 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 8:47
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