

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:

1. Entity ID Number	2. Exact Name of the Corporation		
20467	JAMES J. O'ROURKE, INC.		
3. The address of the register	I red office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:
Street Address 123 DYER ST	REET		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02903
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 10 DORRANCE STREET, SUITE 400			
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02903
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 dec all statements contained here		mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
CHARLES A. HAMBLY, JR.			1/1//
Signature of the Registered Agent/Officer of the Corporation			
Chula His	SIGN DOCU	JMENT 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

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