

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Fiting Fee

| Pursuant to the provisions of R following statement for the pur | IGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the pose of changing its registered | he undersigned corporation su I agent in the State of Rhode I | bmits the ω \overline{m} |
|--|---|--|-----------------------------------|
| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
| 000114395 | AIR FLOW, INC. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 91 FRIENDSH | IP STREET | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | ^{Zip} 02903 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 167 MAIN STREET | | | |
| City/Town WESTERLY | | State RHODE ISLAND | ^{Zip} 02891 |
| 5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX | | | |
| ✓ Date received (Upon filin | g) | | |
| 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). | | | |
| | lare and affirm that I have exa | | ge of Registered Office, and that |
| Name of the Registered Agent/Officer of the Corporation | | | Date |
| AMERICO M. SCUNGIO, ESQ | | | 12-14-16 |
| Signature of the Registered A | pent/Officer of the Corporation | | |
| · LI | 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

