

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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

| Entity ID Number | urpose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation | | |
|---|---|---|-------------------------------|
| 267504 | GM Control Systems, Inc. | | |
| 3. The address of the reg | gistered office as PRESENTLY sho | wn in the records on file with t | he RI Department of State: |
| | npanoag Trail, Suite 103 | | |
| City/Town East Providence | | State RHODE ISLAND | Zip 02915 |
| 4. The name of the regist | tered agent as PRESENTLY shows | n in the records on file with the | RI Department of State: |
| Ronald J. Rodrigues | | | , |
| 5. The address of the NE | W registered office is: | | |
| Street Address (<u>NOT</u> a P.O. | Box) 1445 Wampanoag Trail, Ste | . 117 | |
| City/Town East Providence | | State RHODE ISLAND | ^{Zip} 02915 |
| 6. The name of the NEW | registered agent is: | <u> </u> | |
| Orefice & Caliri 150 | an cial Scences, | LLC | |
| | ent of Change of Registered Agent | | Y ONE BOX |
| ✓ Date received (Upon | n filing) | | |
| Later effective date (| Date must be no more than 30 day | s from the day of filing) | |
| Under penalty of perjury, a Corporation, and that all s | l declare and affirm that I have exa statements contained herein are tru | mined this Statement of Chan ue and correct. | ge of Registered Agent by the |
| Name of Authorized Officer of the Corporation | | | Date |
| Gregory Lapierre, Presid | lent | | 1-13-17 |
| Signature of Authorized Q | · | | |
| <u>√</u> / | SIGN DOCL | 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

