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## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00

| 1. Entity ID Number   | 2. Exact Name of the Corpora   | 2. Exact Name of the Corporation                         |                            |  |
|---|--|--|----------------------------|--|
| 37971   | Can Am Sales, Inc.   | Can Am Sales, Inc.                                       |                            |  |
| 3. The address of the re  | egistered office as PRESENTLY sho  | wn in the records on file with t                         | he RI Department of State: |  |
| Street Address 222 Jeffe  | · · · · · · · · · · · · · · · · · · ·  |  |                            |  |
| City/Town Warwick   | -  | State RHODE ISLAND                                       | Zip <b>02888</b>           |  |
| 4. The name of the regi   | stered agent as PRESENTLY shown  | n in the records on file with the                        | RI Department of State:    |  |
| Jon A. Mills  |  |  |                            |  |
| 5. The address of the N   | EW registered office is:   |  |                            |  |
| Street Address (NOT a P.0   | <sup>D. Box)</sup> LaPlante Sowa Goldman 27  | 72 West Exchange Street                                  |                            |  |
|   |  |  |                            |  |
| City/Town Providence  |  | State RHODE ISLAND                                       | <sup>Zip</sup> 02903       |  |
|   | <b>№</b> registered agent is:  | State RHODE ISLAND                                       | <sup>Zip</sup> 02903       |  |
| 6. The name of the <b>NE</b> \  | •  | State RHODE ISLAND                                       | <sup>Zip</sup> 02903       |  |
| 6. The name of the NE\ David M. Campanella,   | •  | RHODE ISLAND   |                            |  |
| 6. The name of the NE\ David M. Campanella,   | <b>Esq.</b> ment of Change of Registered Agen  | RHODE ISLAND   |                            |  |
| 6. The name of the NE\ David M. Campanella, 7. Date when this State  Date received (Up  | <b>Esq.</b> ment of Change of Registered Agen  | t will be effective: CHECK ON                            |                            |  |
| 6. The name of the NEN  David M. Campanella,  7. Date when this State  Date received (Up)  Later effective date  Under penalty of perjury | Esq. ment of Change of Registered Agen on filing)  | t will be effective: CHECK ONlys from the day of filing) | LY ONE BOX                 |  |
| 6. The name of the NEN  David M. Campanella,  7. Date when this State  Date received (Up)  Later effective date  Under penalty of perjury | Esq. ment of Change of Registered Agen on filing) e (Date must be no more than 30 da y, I declare and affirm that I have exa ll statements contained herein are tr | t will be effective: CHECK ONlys from the day of filing) | LY ONE BOX                 |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 1 9 2017

FILED

BY Mr. 293563

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