

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:

R.I. DEFINE STATE

BUT SETT DIV

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| 1. Entity ID Number 🚱 | 2. Exact Name of the Corporation KERES CONSULTING INC. | | |
|-------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------|--------------------------------|
| 000812176 | | | |
| 3. The address of the regis | stered office as PRESENTLY show | wn in the records on file with t | he RI Department of State: 🚱 |
| Street Address 450 VETERA | ANS MEMORIAL PARKWAY, SU | ITE 7A | |
| City/Town Providence | | State RHODE ISLAND | Zip 02914 |
| 4. The name of the registe | red agent as PRESENTLY showr | in the records on file with the | RI Department of State: |
| NATIONAL REGISTERED | AGENTS, INC. | | |
| 5. The address of the NEV | registered office is: | | |
| Street Address (<u>NOT</u> a P.O. E | 30x) 450 Veterans Memorial Parkwa | y, Suite 7A | |
| City/Town East Providence | | State RHODE ISLAND | Zip 02914 |
| 6. The name of the NEW r | egistered agent is: | | |
| C T Corporation System | | | |
| 7. Date when this Stateme | nt of Change of Registered Agen | t will be effective: CHECK ON | LY ONE BOX |
| X Date received (Upon | | | |
| Later effective date (| Date must be no more than 30 da | ys from the day of filing) | |
| Under penalty of perjury, I Corporation, and that all st | declare and affirm that I have exa atements contained herein are tr | amined this Statement of Chai ue and correct. | nge of Registered Agent by the |
| Name of Authorized Officer of the Corporation | | | Date |
| Denise Bell | | | 12/15/2016 |
| Signature of Authorized Of | ficer of the Corporation SIGN DOC | UMENT 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 C
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FORM 640 - Revised: 07/2016