

Statement of Change of Agent DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of R statement for the purpose of ch			ne following
1. Entity ID Number	2. Exact Name of the Corporation 11 1=50 CTA FION.		
132262	2. Exact Name of the Corporation AQUIDNECK +5 LAND HORSEMANS ASSOCIATION, FNC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE COURTHOUSE SQUARE			
NEW port		RHODE ISLAND	02840
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
AMY G. RICE, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 4 86 THAMES STREET			
City/Town NEW PORT		RHODE ISLAND	028 40
6. The name of the NEW registered agent is:			
AHORNEY BICHARD M. URBAN			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of President/Vice President of the Corporation			Date / 3/17
	BERNARD		Date 2/13/17
Signature of President/Vice President of the Corporation			
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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**

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By \$ 295554