State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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
485564	Optimum Staffing Inc

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address	City/Town	State	Zip
1345 Jefferson Blvd	Warwick	**RHODE ISLAND**	02886

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
Stephen Lucier

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)	City/Town	State	Zip
450 Veterans Memorial Parkway Suite 7A	EAST Providence	**RHODE ISLAND**	02914

6. The name of the **NEW** registered agent is:
CT Corporation System

7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____

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 Authorized Officer of the Corporation	Date
Susan Chipperger, Treasurer & CFO	1/30/17

Signature of Authorized Officer of the Corporation
SIGN DOCUMENT HERE
Susan Chipperger

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 9:34
FEB 14 2017
BY

FORM 640 - Revised: 07/2016

149272-3-1155306