| Statement of Change | | | | | |
|---|--|---|-----------------------------|----------|-----|
| DOMESTIC or FOREIGN | Business Corporation | | | 20 | |
| → Filing Fee: \$20.00 | | | | 2017 MAR | O |
| | | | | Ř | 000 |
| | | he undersigned corporation sul dagent in the State of Rhode Is | | -2 | 7 |
| 1. Entity ID Number | 2. Exact Name of the Corporation | | | = | |
| 66189 | THE WAY OF THE DRAGON LTD | | | 1:0 | |
| 3. The address of the register | ed office as PRESENTLY show | wn in the records on file with th | ne RI Department of State | - | |
| Street Address 74 LENNON S | т. | | | | |
| City/Town PROVIDENCE | | State RHODE ISLAND | Zip 02908 | | |
| 4. The name of the registered PAMELA B. QUIGLEY | agent as PRESENTLY shown | n in the records on file with the | RI Department of State: | | |
| 5. The address of the NEW re | | | | | |
| Street Address (NOT a P.O. Box) | 2 SECOND ST | | | | |
| City/Town PORTSMOUTH | | State RHODE ISLAND | ^{Zip} 02871 | | |
| 6. The name of the NEW regis | stered agent is: | | | | |
| DAVID J. WHARE | | | | | |
| 7. Date when this Statement c | of Change of Registered Agent | t will be effective: CHECK ONL | Y ONE BOX | | |
| ✓ Date received (Upon filing | g) | | | | _ |
| Later effective date (Date | e must be no more than 30 day | /s from the day of filing) | | | |
| | clare and affirm that I have examents contained herein are tru | mined this Statement of Changue and correct. | ge of Registered Agent by | y the | |
| Name of Authorized Officer of | the Corporation | | Date | | |
| WEN-CHING WU | | | 2-16-17 | | |
| Signature of Authorized Office | er of the Corperation | 16 AS . 64 E . 64 C. 40 J. | 7 | | |

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 11:08

MAR 2 2017

By Le 297275