

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of R following statement for the pur			
1. Entity ID Number	2. Exact Name of the Corporation		
000091695	NOAH'S PLACE/MORNING STAR OF RI, INC.		
3. The address of the register	ed office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address 1200 BALD HIL	L ROAD		
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
MANDY MILTMORE			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 555 QUAKER LANE			
City/Town WEST WARWICK		State RHODE ISLAND	Zip 02893 6 CS TV
6. The name of the NEW registered agent is:			
PELIG HARRIGAN			11: 21 11: 21
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
✓ Date received (Upon filing	g)		
Later effective date (Date must be no more than 90 days from the day of filing)			
Under penalty of perjury, I dec Corporation, and that all state	lare and affirm that I have exa ments contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
ROBIN HEISER, PRESIDENT			02/28/17
Signature of Authorized Office	r of the Corporation PRESIDENT	JMENT HERF	

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