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R.I. DEPT. OF STATE
BUS SVCS DIV

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

2017 MAR 13 AM 10: 01

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits statement for the purpose of changing its registered agent in the State of Rhode Island:	the following
Entity ID Number     2. Exact Name of the Corporation	
57833 Main Street 2000 Corporation	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address  91 Friendship Street, 3-1 Floor  City/Town  Providence  State  RHODE ISLAND  Zip  02903	
City/Town Providence State RHODE ISLAND	Zip O2903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:	
Gordon A. Carpenter	
5. The address of the <b>NEW</b> registered office is:	
Street Address (NOT a P.O. Box)  372 CONGRESS STYLET  City/Town  State PHODE ISLAND  Zip  CONSTRUCT  State	
Waysuckit RHODE ISLAND	Zip 02895
6. The name of the <b>NEW</b> registered agent is:	
Garrett Mancieri	
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.	
be identical.	
8. The change was authorized by a resolution duly adopted by its board of directors.	
	ange of Registered Agent by the
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 Cha	ange of Registered Agent by the
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 Chacorporation, and that all statements contained herein are true and correct.	
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 Chacorporation, and that all statements contained herein are true and correct.  Name of President/Vice President of the Corporation	Date

10:02 AM

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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BY 298047 KU