

## **Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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Entity ID Number		rpose of changing its registered agent in the State of Rhode Island:  2. Exact Name of the Corporation		
125505	Factotum, Inc.	· · · · · · · · · · · · · · · · · · ·		
3. The address of the reg	gistered office as PRESENTLY s	nown in the records on file with t	the RI Department of State:	
Street Address 1 Ship Stre				
City/Town Providence		State RHODE ISLAND	Zip 02903	
4. The address of the NE			- <u>-</u> -	
Street Address (NOT a P.O.	Box) 116 Orange Street			
City/Town Providence		State RHODE ISLAND	Zip <b>02903</b>	
5. Date when this Statem	ent of Change of Registered Age	ent will be effective: CHECK ON	LY ONE BOX	
✓ Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 o	lays from the day of filing)		
6. A copy of this Stateme	nt has been mailed to the corpor	ation (applicable when agent red	cords statement).	
Under penalty of perjury, all statements contained	l declare and affirm that I have e herein are true and correct.	xamined this Statement of Char	nge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation		Date		
Stephen M. Litwin, Esquire			3-28-17	
Signature of the Register	ed Agent/Officer of the Corporati	_		
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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

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