



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

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 2017 APR -6 AM 11:03

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 116331		2. Exact Name of the Corporation Workforce Unlimited, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1 Ship Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 116 Orange Street			
City/Town Providence	State RHODE ISLAND	Zip 02903	
5. 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 90 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation Steph M Lixwin		Date 4/4/17	
Signature of the Registered Agent/Officer of the Corporation Steph M Lixwin			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3940

Website: www.sos.ri.gov

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APR 06 2017
 BY **H.A. 11:03 AM**