

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT OF ST BUS SYCE DI

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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	2. Exact Name of the Corporation		
18207	OCEAN HOUSE MARINA, INC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 Town Dock Ro E			
City/Town CHARLESTOWN		State RHODE ISLAND	Zip 02813
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 60 1000 Sock Rs			
City/Town CHARLECTOWN		State RHODE ISLAND	Zip 02813
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 30 days from the day of filing)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
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.			
Name of the Registered Agent/Officer of the Corporation Date 4-5-17			- ····
Signature of the Registered Agent/Officer of the Corporation			
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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

APR 0.7 2017
A. H. 10:50A.M.