Statement of Change of Agent DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00 NO Fee

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</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. Expert Name of the Comparation		
	2. Exact Name of the Corporation		
000030320	WILLOW DELL BEACH CLUB, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 260 SWEET ALLEN FARM ROAD, B1			
City/Town WAKEFIELD		State RHODE ISLAND	^{Zip} 02880
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
LISA M GATES			
5. The address of the NEW registered office is:			
Street Address (NQT a P.O. Box) 16 POND STREET			
City/Town WAKEFIELD		RHODE ISLAND	^{Zip} 02879
6. The name of the NEW registered agent is:			
LISA M GATES			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
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 Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of President/Vice President of the Corporation			Date
JAMES FARRELL, PRESIDENT			4/15/2017
Signature of President/Vice President of the Corporation			
James Tarnell SIGN DOCUMENT HERE			

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 APR 1 9 2017

FORM 641 - Revised: 07/2016