



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

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 BUS. SVCS. DIV.
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office in the State of Rhode Island:

| | | | |
|---|---|------------------|--------------------------|
| 1. Entity ID Number 155092 | 2. Exact Name of the Corporation Tabernacle Holy Temple of Olives | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 158 Regent Avenue | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02908 | |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 33 Moorefield St. | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02909 | |
| 5. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | | | |
| 6. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors. | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> | | | |
| Name of the Registered Agent/President or Vice President of the Corporation Rev. Euseb J. Pamphile | | | Date 4/27/2017 |
| Signature of the Registered Agent/President or Vice President of the Corporation <div style="display: flex; align-items: center;"> <div style="margin-left: 20px; font-size: small;">SIGN DOCUMENT HERE</div> </div> | | | |

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 CU 302405

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