



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

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 RI DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.
 2017 MAY 17 AM 11:27

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 11609738 | 2. Exact Name of the Corporation AK TITLE & ESCROW INC. |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | |
| Street Address 536 Atwells Avenue | |
| City/Town Providence | State RHODE ISLAND Zip 02909 |
| 4. The address of the NEW registered office is: | |
| Street Address (NOT a P.O. Box) 233 Douglas Avenue Unit C2 | |
| City/Town Providence | State RHODE ISLAND Zip 02908 |
| 5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> 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). | |
| <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 Hedy Siripannho | Date 5/17/2017 |
| Signature of the Registered Agent/Officer of the Corporation | |

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

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BY A.A. 11:27 AM