

107 -7 AMIII

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

| Pursuant to the provisions of F following statement for the pur | | • | 4 |
|---|------------------------------------|--------------------|-----------------------------|
| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
| 000144834 | DELIVERY MANAGEMENT SERVICES, INC. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 145 Phenix Avenue | | | |
| City/Town Cranston | | State RHODE ISLAND | ^{Zip} 02920 |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 481 Atwood Avenue | | | |
| City/Town Cranston | | State RHODE ISLAND | ^{Zip} 02920 |
| 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 / / |
| John S. DiBona | | | 5///7 |
| Signature of the Registered Agent/Officer of)the Corporation | | | |
| 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

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