

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation			
→ Filing Fee: \$10.00			PT. OF
Pursuant to the provisions of RIGL $7-6-13$ or $7-6-78$ the undersigned corporation submits the following $\frac{1}{2}$			
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		
131747	South County Blacks		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 246 Woodruff Avenue			
City/Town Wakefreld		State RHODE ISLAND	zip 02879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Thomas E. Mahoney			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) // Whisperlane			
City/Town West K	inaston	RHODE ISLAND	zip 02892
6. The name of the NEW registered agent is: Rose M. Boyntw			
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 Presi			Date / 15/26/7
Rose M. Boynton 6/18/00			Date 6/18/2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of President/Vice President of the Corporation

Rose m Borgaton

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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