



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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## Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

7-16-11

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 <b>162737</b>	2. Exact Name of the Corporation <b>Centrategy, LLC.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address <b>155 South Main St., Suite 405</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>John F. Corrigan, Esq.</b>		
5. The address of the <b>NEW</b> registered office is:		
Street Address ( <u>NOT</u> a P.O. Box) <b>26 River Run</b>		
City/Town <b>East Greenwich</b>	State <b>RHODE ISLAND</b>	Zip <b>02818</b>
6. The name of the <b>NEW</b> registered agent is: <b>Majid Amani</b>		
7. 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 90 days from the day of filing) _____		
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 Authorized Officer of the Corporation <b>Majid Amani</b>		Date <b>7/9/2017</b>
Signature of Authorized 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

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