RI SOS Filing Number: 201747505500 Date: 7/20/2017 10:13:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent addull

DOMESTIC or FOREIGN Business Corporation

→ Filling Fee. \$20.00 NO FCL

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: 2. Exact Name of the Corporation 1. Entity ID Number Enterprises Inc ひをみりべ SI WON 1263 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Zip City/Town 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) ひのらみん City/Town **RHODE ISLAND** 02829 6. The name of the **NEW** registered agent is: Joseph Murphi 7. 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 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. Date Name of Authorized Officer of the Corporation Authorized Officer of the Corporation

MAIL TO:

Division of Business Services

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

Phone: (401) 222 3040

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