



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

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 BUS SVCS DIV  
 2017 AUG - 3 AM 10:13

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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>106101</b>	2. Exact Name of the Corporation <b>RELIABLE PEST CONTROL, INC.</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>6 FRANCIS STREET</b>		
City/Town <b>BRISTOL</b>	State <b>RHODE ISLAND</b>	Zip <b>02809</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>ARMAND P. CENTAZZO</b>		
5. The address of the <b>NEW</b> registered office is: Street Address ( <u>NOT</u> a P.O. Box) <b>674 HOPE STREET</b>		
City/Town <b>BRISTOL</b>	State <b>RHODE ISLAND</b>	Zip <b>02809</b>
6. The name of the <b>NEW</b> registered agent is: <b>PAUL SILVA</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) _____		
<i>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.</i>		
Name of Authorized Officer of the Corporation <b>MICHAEL HOFFMAN</b>	Date <b>7/27/17</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

**FILED**

AUG 03 2017

BY A.A. 10:13AM