



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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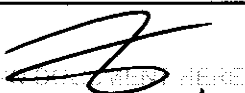
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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~\$20.00~~ *no fee*

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 000135877		2. Exact Name of the Corporation lalongo Insurance Agency, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 63 Sockanossett Crossroad Suite 3B			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Jason T. lalongo			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 45 Sockanossett Crossroad Suite 5			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
6. The name of the NEW registered agent is: Jason T. lalongo			
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 Jason T. lalongo President		Date 08/17/2017	
Signature of Authorized Officer of the Corporation  President			

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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BY *LC* **1:10**