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FOR
 SECRETARY OF STATE
 USE ONLY

Statement of Change of Agent
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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 136058 | | 2. Exact Name of the Corporation ALLIED BEVERAGE COUNCIL | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 5 BLOUNT CIRCLE 5 BLOUNT CIRCLE | | | |
| City/Town PROVIDENCE BARINGTON | | State RHODE ISLAND | Zip 02904 02804 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: AMOS SHEPARD | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 32A BULL ST. | | | |
| City/Town NEWPORT | | State RHODE ISLAND | Zip 02840 |
| 6. The name of the NEW registered agent is: AMOS SHEPARD | | | |
| 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. | | | |
| <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 President/Vice President of the Corporation AMOS SHEPARD | | Date 9.7.17 | |
| Signature of President/Vice President 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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