RI SOS Filing Number: 201749767230 Date: 9/15/2017 12:20:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

ursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the llowing statement for the purpose of changing its registered agent in the State of Rhode Island:

Entity ID Number	pose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation		
90236	GRAPHIC INNOVATIONS, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1239 Hartford A	venue		-
City/Town Johnston		State RHODE ISLAND	^{Zip} 02919
4. The address of the NEW registered office is:			
Street Address (NOT a P.O Box) 187 B George Waterman Road			
City/Town Johnston		State RHODE ISLAND	Zip 02919
5. 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)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I dec all statements contained here		nmined this Statement of Char	nge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
Jacqueline M. Bouchard, Esquire			09/07/2017
	gent/Officer of the Corporation MUUULLION		

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri gov FILED

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BY A.A. 12', 20 PM