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 BUS. SVCS. DIV.
 2017 SEP 15 PM 12:20

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing 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 90236 | 2. Exact Name of the Corporation 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 Avenue | |
| City/Town Johnston | State RHODE ISLAND Zip 02919 |
| 4. The address of the NEW registered office is: | |
| Street Address (<u>NOT</u> 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 | |
| <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) _____ | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> | |
| Name of the Registered Agent/Officer of the Corporation Jacqueline M. Bouchard, Esquire | Date 09/07/2017 |
| Signature of the Registered Agent/Officer of the Corporation _____ | |

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
SEP 15 2017
 BY A.A. 12:20pm.