

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

4. Entity ID Number 2. Exact Name of the Corporation			
2. Exact Name of the Corporation 1. Entity ID Number 2. Exact Name of the Corporation 1. Entity ID Number 2. Exact Name of the Corporation 1. Entity ID Number 2. Exact Name of the Corporation 3. Exact Name of the Corporation 4. Exact Name of the Corporation 4. Exact Name of the Corporation 5. Exact Name of the Corporation 6. Exact Name of the Corporation 7. Exact Name of the Corporation 8. Exact Name of the Corporation 9. Exact Name of the Corporation 1. Exact Name of the Corporation 2. Exact Name of the Corporation 2. Exact Name of the Corporation 3. Exact Name of the Corporation 4. Exact Name of the Corporation 5. Exact Name of the Corporation 6. Exact Name of the Corporation 1. Exact Name of the Corporation 2. Exact Name of the Corporation 2. Exact Name of the Corporation 3. Exact Name of the Corporation 4. Exact Name of the Corporation 1. Exact Name of the Corporation 2. Exact Name of the Corporation 2. Exact Name of the Corporation 3. Exact Na			
000792008	Lagies Ancient	Urder of Hiberr	ii an s
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address One Courthouse Square			
City/Town Newport		State RHODE ISLAND	^{Zip} 02840
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Amy G. Rice, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) - 2 WELLING TO P.O. Box) - 22 Kay Blud.			
City/Town NEWport		RHODE ISLAND	2ip 02840
6. The name of the NEW registered agent is:			
Elizabeth McKinnon			
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.			
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 President/Vice President Book			Date 9 14/17
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 SEP 18 2017 BY 212 219 A. A. 12:42PM