

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:

R.I. DEPT OF STA BUS SVCS DIV

| 1. Entity ID Number | 2. Exact Name of the Corpora | 2. Exact Name of the Corporation Providence United Youth Soccer Club | | |
|---|---|---|----------------------------------|--|
| 84383 | Providence United Youth S | | | |
| 3. The address of the rec | gistered office as PRESENTLY sho | wn in the records on file with t | the RI Department of State: | |
| Street Address 61 Modena | Avenue | | | |
| City/Town Providece | | State RHODE ISLAND | ^{Zip} 02908 | |
| 4. The name of the regist | tered agent as PRESENTLY showr | n in the records on file with the | RI Department of State: | |
| Robert Wise | | | | |
| 5. The address of the NE | | | | |
| Street Address (NOT a P.O. | Box) 240 Clarence Street | | | |
| City/Town Providence | | State RHODE ISLAND | ^{Zip} 02909 | |
| 6. The name of the NEW | registered agent is: | | | |
| Julio Lopez | | | | |
| 7. The address of the corbe identical. | rporation's registered office and the | address of the office of its re | gistered agent, as changed, will | |
| 8. The change was author | orized by a resolution duly adopted | by its board of directors, | | |
| , | I declare and affirm that I have exa statements contained herein are tro | | nge of Registered Agent by the | |
| Name of President/Vice President of the Corporation | | | Date | |
| Timothy J. Groves, Vice President | | | October 24, 2017 | |
| Signature of President/Vi | ice President of the Corporation | | | |
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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 OCT 24 2017 11:57 BY 19842618