State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. DEPT OF STATE
BUS SVCS DIV
2017 NOV 14 PM 12:52

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

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	2. Exact Name of the Corporation
000654184	**PARAS CELLNET INC**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Addre	5 Benefit Street		
City/Town	Providence	State **RHODE ISLAND**	Zi 02909

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:
Sandra Sousa - Mamta Esquire

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)	**363 SMITHFIELD AVENUE**		
City/Town	**PAWTUCKET**	State **RHODE ISLAND**	Zip **02860**

6. The name of the **NEW** registered agent is:
MAMTA MEHTA

7. 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) _____

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 Authorized Officer of the Corporation	Date
MAMTA MEHTA	**11/01/2017**

Signature of Authorized Officer of the Corporation
Mamta Mehta 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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BY 317444
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