

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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

ffice is: Soup Farm Way	State RHODE ISLAND State RHODE ISLAND State RHODE ISLAND will be effective: CHECK ON	Zip 02879 Zip 02879
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of Registered Agent	KHODE ISLAND	02015
of Registered Agent	will be effective: CHECK ON	ILY ONE BOX
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no more than 90 day	s from the day of filing)	
ailed to the corporation	on (applicable when agent re	cords statement).
	mined this Statement of Cha	nge of Registered Office, and tha
f the Corporation		Date
1		January 3, 2018
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	affirm that I have exa and correct. If the Corporation	

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.n.gov

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