

Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

| 1. Entity ID Number | 2. Exact Name of the Corporation | | |
|---|---|------------------------------------|---------------------------------|
| 000197784 | ISACA-Rhode Island | | |
| 3. The address of the regi | stered office as PRESENTLY sh | own in the records on file with t | he RI Department of State: |
| Street Address 37 Moswan | sicut Lake Drive | | |
| City/Town North Scituate | | State RHODE ISLAND | ^{Zip} 02857 |
| 4. The name of the registe | ered agent as PRESENTLY show | vn in the records on file with the | RI Department of State: |
| William Soares | | | |
| 5. The address of the NEV | N registered office is: | · | |
| Street Address (NOT a P.O. I | ^{Box)} 2130 Mendon Road, Suite | 3-144 | |
| City/Town Cumberland | | State RHODE ISLAND | ^{Zip} 02864 |
| 6. The name of the NEW | registered agent is: | | |
| Ron Roy | | | |
| 7. The address of the corp be identical. | poration's registered office and the | e address of the office of its re | gistered agent, as changed, wil |
| 8. The change was author | ized by a resolution duly adopte | d by its board of directors. | |
| | declare and affirm that I have extatements contained herein are | | nge of Registered Agent by the |
| Name of President/Vice P | resident of the Corporation | | Date |
| Ron Roy | • | | 11-13-2017 |
| | | | 1 |

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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