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CORPORATIONS DIV

2018 JAN 19 AM II: 04 S I AT AT

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 office ONLY in the State of Rhode Island:	
Entity ID Number 2. Exact Name of the Corporation	ation
1661370 ZAYBARANO 1	YOME IMPROVMPUT INC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 346 - Fruit Hill AUE -	
City/Town NORTH PROU	State RHODE ISLAND Zip
4. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) 148 BARROT AUC	
City/Town PRW	State RHODE ISLAND Zip
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing)	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.	
Name of the Registered Agent/Officer of the Corporation	Date
JOSEPH ZAUBARADO	1-18-17
Signature of the Registered Agent/Officer of the Corporation	
SIGNOCUMENT 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 JAN 19 2018
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