

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:

Entity ID Number	2 Exact Name of the Corpora	2 Exact Name of the Corporation		
000135012	DBI Construction Inc.	DBI Construction Inc.		
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:	
Street Address 155 South I	Main Street, Suite 300			
City/Town Providence		State RHODE ISLAND	Z _{IP} 02903	
4. The address of the NE	•			
Street Address (<u>NQT</u> a P.O.	Box) 155 South Main Street, Suite 3	04		
City/Town Providence		State RHODE ISLAND	Z ^{IP} 02903	
5. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ONL	Y ONE BOX	
Date received (Upor	n filing)			
Later effective date	(Date must be no more than 90 da	ys from the day of filing)		
6. A copy of this Stateme	nt has been mailed to the corporat	ion (applicable when agent rec	ords statement).	
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
Ralph M. Kinder			1/2/18	
Signature of the Register	ed Agent Officer of the Corporation	I IJMENT 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 FILED
JAN 2 3 2018
BY