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

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

STAMP

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
157903	TA-1 CORPORATION

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

Street Address		
450 VETERANS MEMORIAL PARKWAY, STE#7A		
City/Town: EAST PROVIDENCE	State: **RHODE ISLAND**	Zip: 02914

4. The address of the **NEW** registered office is: SAME AS ABOVE

Street Address (NOT a P.O. Box)		
155 South Main Street, Suite 301		
City/Town: Providence	State: **RHODE ISLAND**	Zip: 02903

5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

- [x] Date received (Upon filing)
- [ ] Later effective date (Date must be no more than 30 days from the day 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
BRANDON CALABRESA	1/25/2018

Signature of the Registered Agent/Officer of the Corporation

SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY A.A. 10:13 A.M.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 29 AM 10:02

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 640A - Revised: 06/2016