

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

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:

Entity ID Number	2. Exact Name of the Corporation		
001018615	DTC Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1543 Mineral Spring Ave			
north Paridence		State RHODE ISLAND	Zip 02904
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1420 Mineral Spring Ave City/Town Of the Providence Rel State RHODE ISLAND Zip 12904			
City/Town 10 Th Prov	idence, Rel	State RHODE ISLAND	Zip 02904
5 Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
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 /			Date / ,
haura Dexter			1/26/18
Signature of the Registered Agent/Officer of the Corporation			
SIGN DECLIVENTIMENTE			

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 29 2018

FORM 640A - Revised: 06/2016