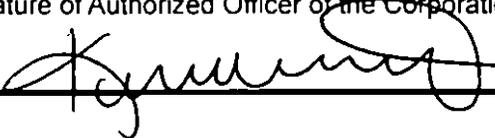




Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

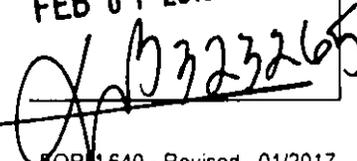
→ Filing Fee: \$20.00

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 000788045 | | 2. Exact Name of the Corporation Optima Shipping Systems, Inc. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 99 Larch Road | | | |
| City/Town East Greenwich | State RHODE ISLAND | Zip 02818 | |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Bill Stone | | | |
| 5. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 146 Westminster Street, 5th Floor | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 6. The name of the NEW registered agent is: Ryan C. Hurley | | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX | | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____ | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> | | | |
| Name of Authorized Officer of the Corporation Kimberly Marolda | | | Date 1/18/18 |
| Signature of Authorized Officer of the Corporation  SIGN DOCUMENT 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

2018 FEB 11 AM 11:28
 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

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FILED
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 BY 
 FORM 1640 - Revised. 01/2017