

**Statement of Change of Agent** 

OOMESTIC or FORE!GN  → Filing Fee: \$20.00	Business Corporation		RECEI ORPORAT
	IGL <u>7-1.2-502</u> or <u>7-1,2-1409</u> thoose of changing its registered		
1. Entity ID Number 000053351	2. Exact Name of the Corporation  JPD Holdings Inc.		TATE SIV : 48
3. The address of the register Street Address 207 Front Stre	ed office as PRESENTLY show	wn in the records on file with th	e RI Department of State:
City/Town Lincoln		State RHODE ISLAND	Zip <b>02865</b>
The name of the registered  Joseph V. D'Almeida	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
5. The address of the <b>NEW</b> re Street Address ( <u>NOT</u> a P.O. Box)			
City/Town Pawtucket		State RHODE ISLAND	<sup>Zip</sup> <b>02861</b>
6. The name of the NEW regis	stered agent is:		
Date received (Upon filin	of Change of Registered Agent g) e must be no more than 90 day		BOX ONLY
	lare and affirm that I have exa ments contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation  Patricia A. D'Almeida			Date 2/13/18
Signature of Authorized Office	of the Corporation	2/13/	118
			11:48 AM

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** 

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