

Statement of Change of Agent

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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:	12: 36	STATE
→ Filing Fee: \$20.00	P	555
DOMESTIC or FOREIGN Business Corporation	?	84.65 84.65 84.65

1663784	The Riddle	Room LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 1417 Douglas Ave				
City/Town N Provide		State RHODE ISLAND	^{Zip} 02904	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:				
Ronald Dethomas				
5. The address of the NEW registered office is:				
Street Address (NOT a P.O. Box) 110 Pine hill Rd				
City/Town N Scitua	te	State RHODE ISLAND	^{Zp} 02857	
6. The name of the NEW registered agent is:				
Byron Sheldon Delmonico				
7. Daje when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
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.				
Name of Authorized Officer of	f the Corporation		Date	
Byron Del	monico D	uner	2/28/18	
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.ni.gov 12:36 FILED

FORM 640 - Revised 11/2017