



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:

1. Entity ID Number 000067167		2. Exact Name of the Corporation JAWS INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 110 KING PHILIP ROAD			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02916
4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1 LACE CIRCLE			
City/Town CRASTON		State RHODE ISLAND	Zip 02921
5. 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 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 Jonathan Weitzner			Date 3/8/18
Signature of the Registered Agent/Officer of the Corporation Jonathan Weitzner			

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

MAR 08 2018

BY **A.A. 11:16 A.M.**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -8 AM 11:13