## SECRETARY OF STATE CORPORATIONS DIV

## **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 submit	s the
following statement for the purpose of changing its registered agent in the State of Phode Island	

	following statement for the purpose of changing its registered agent in the State of Rhode Island:					
	6416  2. Exact Name of the Corporation Lizibe, Inc.					
	3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:					
	Street Address 10 Cypress Drive					
	City/Town Green Ville	State RHODE ISLAND	Zip 02828			
)	4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State.					
	5. The address of the NEW registered office is:					
\	Street Address (NOT a P.O. Box) 4 Pine Grave Circle					
	City/Town Greenville	State RHODE ISLAND	Zip 02828			
	6. The name of the NEW registered agent is:  Norman Tashash					
	7. Date 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 the Corporation  Joseph Tarked Date 4/11/2018					
	Signature of Authorized Officer of the Corporation					
•						
	MAIL TO: Division of Business Services	FILED	ST.A. M			
1	148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov	APR 1 1 2018	2.11			

FORM 640 - Revised: 11/2017