

Statement	of	Chang	e of	Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of F	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th	ne undersigned corporation sul	bmits the	PK	SNO.			
following statement for the pur	pose of changing its registered agent in the State of Rhode Island:							
1. Entity ID Number	2. Exact Name of the Corpora	RIOH		0	Į 14			
000488291	Jayco, Inc.							
3. The address of the register	red office as PRESENTLY show	wn in the records on file with th	ne RI Department	of State	e:			
Street Address 222 JEFFERSO	ON BOULEVARD, SUITE 200							
City/Town WARWICK		State RHODE ISLAND	Zip 02888					
4. The name of the registered	agent as PRESENTLY shown	in the records on file with the	RI Department of	State:				
CORPORATION SERVICE CO	OMPANY							
5. The address of the NEW re	egistered office is:							
Street Address (NOT a P.O. Box	450 Veterans Memorial Parkwa	y, Suite 7A						
City/Town East Providence		State RHODE ISLAND	Zip 02914					
6. The name of the NEW regi	stered agent is:							
C T Corporation System								
7. Date when this Statement	of Change of Registered Agent	will be effective: CHECK ONL	Y ONE BOX					
X Date received (Upon filir			· · · · · · · · · · · · · · · · · · ·					
Later effective date (Dat	e must be no more than 30 day	ys from the day of filing)						
Under penalty of perjury, I de Corporation, and that all state	clare and affirm that I have exa ements contained herein are tro	mined this Statement of Chan ue and correct.	ge of Registered A	Agent b	y the			
Name of Authorized Officer of the Corporation			Date					
Michael Ritchie, VP of Finance			4/9/18					
Signature of Authorized Office	er of the Corporation	MENT 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 FILED

1 6 2018

FORM 640 - Revised: 07/2016