



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

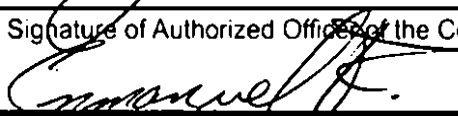
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 SECRETARY OF STATE  
 CORPORATION DIV  
 2018 MAY 30 AM 9:38

## 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 submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |                              |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>000703216</b>                                                                                                                                                             |                              | 2. Exact Name of the Corporation<br><b>National and International Tires, Inc.</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                              |                                                                                   |  |
| Street Address <b>One Davol Square, Penthouse</b>                                                                                                                                                   |                              |                                                                                   |  |
| City/Town<br><b>Providence</b>                                                                                                                                                                      | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                                               |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Kas R. Decarvalho, Esq.</b>                                             |                              |                                                                                   |  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                              |                                                                                   |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>224 Union Ave</b>                                                                                                                                        |                              |                                                                                   |  |
| City/Town<br><b>Providence</b>                                                                                                                                                                      | State<br><b>RHODE ISLAND</b> | Zip<br><b>02909</b>                                                               |  |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Enmanuel Feliz Guerrero</b>                                                                                                                |                              |                                                                                   |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |                              |                                                                                   |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 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<br><b>Enmanuel Feliz Guerrero</b>                                                                                                                     |                              | Date<br><b>05/30/2018</b>                                                         |  |
| Signature of Authorized Officer of the Corporation<br>                                                           |                              | 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.ri.gov](http://www.sos.ri.gov)

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