Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

CORPORATIONS D

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 office *ONLY* in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation		
00135877	lalongo Insurance Agency, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 45 Sockanosset Crossroad, Suite 5			
City/Town Cranston		State RHODE ISLAND	^{Zip} 02920
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 95 Sockanosset Crossroad, Suite 107			
City/Town Cranston		State RHODE ISLAND	^{Zip} 02920
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date 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			Date
Jason T lalongo			05/29/2018
Signature of the Registered Agent/Officer of the Corporation SICN DOCEMBER (10.5.: Junt			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:23

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