RI SOS Filing Number: 201869242640 Date: 6/11/2018 9:53:00 AM



SECRETARY OF STATE CORPORATIONS DIV

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Corporation		
1664665	Iglesia De Dios	Tiempos De	Avivaniento
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 161 Man-ton Avenue			
City/Town Providen CE	hi	State RHODE ISLAND	02909
4. The address of the NEW registered office is			
Street Address (NOT a P.O. Box) 1G1 Manton Avenue			
City/Town		State	Zip
Providence		RHODE ISLAND	2909
Providence	as been mailed to the corporati	<u> </u>	02909
ProvidenCE 5. A copy of this Statement ha	as been mailed to the corporati	on (applicable when agent rec	ords statement).
Providence 5. A copy of this Statement ha 6. If recorded by the corporati	ion, the change was authorized clare and affirm that I have exa	on (applicable when agent rec d by a resolution duly adopted	ords statement). by its board of directors.
DrovidenCE 5. A copy of this Statement ha 6. If recorded by the corporati Under penalty of perjury, I det that all statements contained	ion, the change was authorized clare and affirm that I have exa	on (applicable when agent rec d by a resolution duly adopted amined these Statement of Cha	ords statement). by its board of directors.
DrovidenCE 5. A copy of this Statement ha 6. If recorded by the corporati Under penalty of perjury, I det that all statements contained	ion, the change was authorized clare and affirm that I have exa herein are true and correct. ht/President or Vice President of	on (applicable when agent rec d by a resolution duly adopted amined these Statement of Cha	ords statement). by its board of directors. ange of Registered Office, and
DrovidenCE 5. A copy of this Statement has 6. If recorded by the corporation Under penalty of perjury, I determined that all statements contained. Name of the Registered Agent Time CO NOS. Signature of the Registered A.	ion, the change was authorized clare and affirm that I have exa herein are true and correct. ht/President or Vice President of	on (applicable when agent rec d by a resolution duly adopted amined these Statement of Cha of the Corporation ent of the Corporation	ords statement). by its board of directors. ange of Registered Office, and

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2018 - 9153 CM 332340