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

# 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 | 2. Exact Name of the Corporation |
|---|---|
| 000119127 | Peter C. Foy & Associates Insurance Services, Inc. |

**3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:**

Street Address: 222 Jefferson Blvd # 200

| City/Town | State | Zip |
|---|---|---|
| Warwick | RI | 02888 |

**4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:**

HIQ Corporate Services, Inc.

**5. The address of the NEW registered office is:**

Street Address (NOT a P.O. Box): 222 Jefferson Boulevard

| City/Town | State | Zip |
|---|---|---|
| Warwick | RHODE ISLAND | 02888 |

**6. The name of the NEW registered agent is:**

Cogency Global, Inc.

**7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY**

[X] 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 | Date |
|---|---|
| John Masse | 2-22-18 |

Signature of Authorized Officer of the Corporation

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

FILED

JUN 1 1 2018

BY _____ 333470

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