



RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUN 11 PM 12:47

**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 <i>000119127</i>		2. Exact Name of the Corporation <i>Peter C. Foy &amp; Associates Insurance Services, Inc.</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>222 JEFFERSON BLVD # 200</i>			
City/Town <i>Warwick</i>	State <i>RI</i>	Zip <i>02888</i>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <i>HIQ Corporate Services, Inc.</i>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>222 JEFFERSON Boulevard</i>			
City/Town <i>Warwick</i>	State <b>RHODE ISLAND</b>	Zip <i>02888</i>	
6. The name of the NEW registered agent is: <i>Cogency Global, Inc.</i>			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 <i>John Masse</i>		Date <i>2-22-18</i>	
Signature of Authorized Officer of the Corporation <i>[Signature]</i> 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 11 2018  
 BY *332470*

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