

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

5. The address of the NEW registered office is

6. The name of the NEW registered agent is

Name of Authorized Officer of the Corporation

Signature of Authorized Officer of the Corporation

Street Address (NOT a P.O. Box)

Date received (Upon filing)

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

1. Entity ID Number

Street Address

City/Town

City/Town

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.

State RHODE ISLAND

RHODE ISLAND

2. Exact Name of the Corporation

Later effective date (Date must be no more than 90 days from the date of filing)

Corporation, and that all statements contained herein are true and correct.

The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the

TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

Date

JUN **1 3 2018**