

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

following statement for the pu	rpose of changing its registere	ed office ONLY in the S	tate of Rh	ode Island:	
1. Entity ID Number	2 Exact Name of the Corporation				
1672760	United n	lew Hex	ani	restment	s An
3. The address of the registe	ered office as PRESENTLY sh	own in the recorde on f	ile with the	e RI Department of Sta	ite:
Street Address 136	Mpress Sta	rect Uni	t 3		
City/Town Privide	nce	State RHODE ISL	AND	Zip 029 N	?
4. The address of the NEW	registered office is:				

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1,2-1409 the undersigned corporation submits the

Street Address (NOT a P.O Box) 48 VoodBine S+		
CityTown	State RHODE ISLAND	^{Zip} 02906
5. Date when this Statement of Change of Reg	gistered Office will be effective: CHECK ON	E BOX ONLY
Date received (Upon filing)		
Later effective date (Date must be no mo	re than 30 days from the date of filing)	
6. A copy of this Statement has been mailed to	the corporation (applicable when agent rec	ords 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

Signature of the Registered Agent/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.n.gov

FILED JUL: 0.2 2018