

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 p	ourpose of changing its registered	l agent in the State of Rhode Is	sland:
1. Entity ID Number	2. Exact Name of the Corporation		
41067	HARMONY SERVICE, INC.		
3. The address of the regis	stered office as PRESENTLY sho	wn in the records on file with th	e RI Department of State:
Street Address 1160 Putna	m Pike (Mailing Address is P. C	D. Box 315	
City/Town Chepachet		State RHODE ISLAND	^{Zip} 02814
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Bradley L. Steere & 5 Q			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. F	-worth Ave	State RHODE ISLAND	3.04 307
City/Town \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		State RHODE ISLAND	Zip 07829
6. The name of the NEW registered agent is:			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
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 Corporation, and that all s	declare and affirm that I have ext tatements contained herein are tr	amined this Statement of Chan ue and correct	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Guy MASON			7-6-2018
Signature of Anthorized Officer of the Corporation			
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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** 

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