



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUL 27 AM 9:52

## Statement of Change of Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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<br><b>28339</b>                                                                                                                                                                 | 2. Exact Name of the Corporation<br><b>The Frosty Drew Memorial Fund, Inc.</b> |                          |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                                                                                |                          |
| Street Address<br><b>62 Park Lane</b>                                                                                                                                                               |                                                                                |                          |
| City/Town<br><b>Charlestown</b>                                                                                                                                                                     | State<br><b>RHODE ISLAND</b>                                                   | Zip<br><b>02813</b>      |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Kara Scott</b>                                                          |                                                                                |                          |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                                                                                |                          |
| Street Address (NOT a P.O. Box)<br><b>same</b>                                                                                                                                                      |                                                                                |                          |
| City/Town                                                                                                                                                                                           | State<br><b>RHODE ISLAND</b>                                                   | Zip                      |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Clarkson A. Collins</b>                                                                                                                    |                                                                                |                          |
| 7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.                                                         |                                                                                |                          |
| 8. The change was authorized by a resolution duly adopted by its board of directors.                                                                                                                |                                                                                |                          |
| 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 President/Vice President of the Corporation<br><b>Clarkson A. Collins</b>                                                                                                                   |                                                                                | Date<br><b>7-24-2018</b> |
| Signature of President/Vice President of the Corporation<br><b>Clarkson A. Collins</b> 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

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**FILED**

JUL 27 2018

BY **OB 335744**