



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

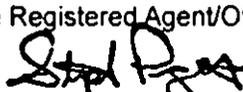
RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 AUG -3 AM 11:00

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>001669596</b>	2. Exact Name of the Corporation <b>CROSCAPE QUALITY LAWN CARE, 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 <b>25 SOUTHWICK DRIVE</b>			
City/Town <b>LINCOLN</b>	State <b>RHODE ISLAND</b>	Zip <b>02865</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>1208 SMITHFIELD AVENUE</b>			
City/Town <b>LINCOLN</b>	State <b>RHODE ISLAND</b>	Zip <b>02865</b>	
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation <b>STEPHEN PUGET</b>			Date <b>7-31-18</b>
Signature of the Registered Agent/Officer of the Corporation 			SIGN DOCUMENT HERE

**FILED**

**AUG 03 2018**

**HL 11:00**

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov