RI SOS Filing Number: 201874014230 Date: 8/8/2018 10:34:00 AM



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

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## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

1. Entity ID Number 600373551 2. Exact Name of the Corporation Chode Planuag: Management Solutions Low 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  Street Address 3. L. Bayberry Rd.  City/Town  City/Town  Camedown  State RHODE ISLAND  Zip 82835  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  Street Address of the NEW registered office is:  Street Address (NOI a PO. Box)  City/Town  State RHODE ISLAND  Zip 62852  6. The name of the NEW registered agent is:  City/Town  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 30 days from the date of filing)  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 synthorized Officer of the Corporation  SIGN DOCUMENT HERE	Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:				
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  Street Address  3. Courseling RHODE ISLAND  2. P 82835  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State.  5. The address of the NEW registered office is:  Street Address (NOT a PO. Box)  6. The name of the NEW registered agent is:  City/Town  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 30 days from the date of filing)  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 Anthorized Officer of the Corporation  Signature of Anthorized Officer of the Corporation  Signature of Anthorized Officer of performance of Signature of Anthorized Officer of performance.  Signature of Anthorized Officer of performance of Signature of Anthorized Officer of performance.		2. Exact Name of the Corporation			
Street Address  3 & Baugherry Rd.  City/Town  City/Town  City/Town  City/Town  City/Town  A. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State.  4. The name of the NEW registered office is:  Street Address of the NEW registered office is:  Street Address (NOT a P.O. Box)  City/Town  North Vungheum  State RHODE ISLAND  Zip  8 2852  6. The name of the NEW registered agent is:  LICL  DeSisto  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 30 days from the date of filing)  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 Authorized Officer of the Corporation  Signature of Apthorized Officer of the Corporation	600373551 Rhode Planning: Management Solutions has				
State RHODE ISLAND  Zip 82835  4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  Street Address of the NEW registered office is:  Street Address (NOT a P.O. Box)  Land Load, Floor 2  City/Town  North Kunghturn  State RHODE ISLAND  Zip 82852  6. The name of the NEW registered agent is:  Lack DeSista  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 30 days from the date of filing)  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 Authorized Officer of the Corporation  Signature of Agithorized Officer of the Corporation	3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:				
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Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	Name of Authorized Officer of the Corporation				
SIGN DOCUMENT HERE	_			8/8/17	
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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 AUG 0 8 2018 1 34 BY 27799286