



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

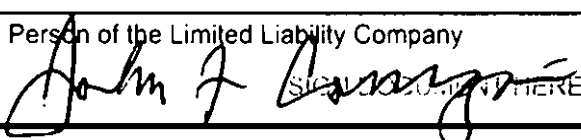
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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 AUG 15 AM 11:13

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

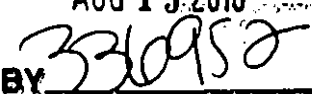
1. Entity ID Number 000145955	2. Exact Name of the Limited Liability Company A & H Worldwide LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address Weick DeLuca & Gemma Incorporated, 56 Pine Street, Suite 700,		
City/Town Providence	State RHODE ISLAND	Zip 02903
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Robert D. Weick		
5. The address of the NEW resident office is:		
Street Address (<u>NOT</u> a P.O. Box) John F. Corrigan Law P.C., 155 South Main Street, Suite 405,		
City/Town Providence	State RHODE ISLAND	Zip 02903
6. The name of the NEW resident agent is: John F. Corrigan		
7. Date when this Statement of Change of Resident 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 Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.		
Name of Authorized Person of the Limited Liability Company John F. Corrigan		Date August 13, 2018
Signature of Authorized Person of the Limited Liability Company 		

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 AMP

AUG 15 2018

BY 
 A.A. 11.13A.m.

FORM 642 - Revised 11/2017