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 CORPORATIONS DIV
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Statement of Change of Agent

DOMESTIC or FOREIGN LLC on

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 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 <u>797175</u>		2. Exact Name of the Corporation <u>FULL Measure Industries, LLC</u>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>5 FORT HILL ROAD</u>			
City/Town <u>BRISTOL</u>		State <u>RHODE ISLAND</u>	Zip <u>02809</u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <u>ELIZABETH M. TANNER, ESQ.</u>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <u>Joe Farmer, CPA</u>			
City/Town <u>6 State Street</u>		<u>DE ISLAND</u>	Zip <u>Warren, RI 02885</u>
6. The name of the NEW reg			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
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 <u>ELIZABETH M. TANNER, ESQ.</u>			Date <u>08/25/18</u>
Signature of Authorized Officer of the Corporation 			

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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