



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2018 NOV - 9 PM 2:31

## 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 <b>159493</b>	2. Exact Name of the Corporation <b>Centre Evangelique Du Nazareen</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>285 Smith Street -</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02908</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Chantale Sarrafin</b>		
5. The address of the <b>NEW</b> registered office is:		
Street Address ( <u>NOT</u> a P.O. Box) <b>22 Pomona Avenue</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02908</b>
6. The name of the <b>NEW</b> registered agent is: <b>Bethy V. Calixte</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 <b>Position Currently Vacant</b>		Date <b>11.9.18</b>
Signature of President/Vice President of the Corporation <b>Bethy Calixte</b>		<b>Secretary</b>

## 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

STAMP

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BY **GZ STX**