



RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN -9 AM 11:57

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 000788772	2. Exact Name of the Corporation Regions Insurance Services, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200	
City/Town WARWICK	State RHODE ISLAND
Zip 02888	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY	
5. The address of the NEW registered office is: Street Address (NOI a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND
Zip 02914	
6. The name of the NEW registered agent is: C T Corporation System	
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) _____	
<i>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.</i>	
Name of Authorized Officer of the Corporation Jeff Link	Date 01/04/2019
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE	

**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 ←

JAN 09 2019 11:57

BY cn 82659