

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ *LLC*

→ 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:

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV.
2019 FEB 14 AM 11:25

1. Entity ID Number <i>1683453</i>		2. Exact Name of the Corporation <i>LLC</i> WORD WEAVER INK LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ONE RICHMOND SQUARE STE 125B			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02906	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC.			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 187 DON AVENUE			
City/Town RUMFORD	State RHODE ISLAND	Zip 02916	
6. The name of the NEW registered agent is: TAD GOVEY			
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 <i>LLC</i> TAD GOVEY			Date 2/12/2019
Signature of Authorized Officer of the Corporation <i>LLC</i> <i>Tad Govey</i>			

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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