

יחעולפארגי ב ביייינ

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation FEB 20 PM 3: 10

→ 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:

| Entity ID Number  | 2. Event Name of the Corporation |                    |                   |  |
|---|----------------------------------|--------------------|-------------------|--|
| •   | 2. Exact Name of the Corporation |                    |                   |  |
| 000039749   | Eagle Motors, Inc.               |                    |                   |  |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |                    |                   |  |
| Street Address 45 Plainfield Pike   |                                  |                    |                   |  |
| City/Town Foster  |                                  | State RHODE ISLAND | Zip <b>02825</b>  |  |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |                    |                   |  |
| Robert A. DePalo  |                                  |                    |                   |  |
| 5. The address of the <b>NEW</b> registered office is:  |                                  |                    |                   |  |
| Street Address (NOT a P.O. Box) 25 Danielson Pike   |                                  |                    |                   |  |
| City/Town North Scituate  |                                  | State RHODE ISLAND | Zip 02857         |  |
| 6. The name of the <b>NEW</b> registered agent is:  |                                  |                    |                   |  |
| David M. D'Agostino, Esq.   |                                  |                    |                   |  |
| 7. Date when this Statement of Change of Registered 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                                  |                    |                   |  |
| Name of Authorized Officer of the Corporation   |                                  |                    | Date              |  |
| Robert A. DePalo  |                                  |                    | December 26, 2018 |  |
| 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 FEB 2 0 2019

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