



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


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SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR 18 PM 12:04

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 000004282		2. Exact Name of the Corporation Classic Insurance Agency, Ltd.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 126 West Main Road, Middletown, RI 02842			
City/Town Middletown		State RHODE ISLAND	Zip 02842
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Charles J. Levesque			
5. The address of the NEW registered office is: 126 West Main Road, Middletown, RI 02842			
Street Address (<u>NOT</u> a P.O. Box) 126 West Main Road			
City/Town Middletown, RI		State RHODE ISLAND	Zip 02842
6. The name of the NEW registered agent is: <u>Paul F. Reynolds</u>			
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 Paul F. Reynolds			Date 3/15/2019
Signature of Authorized Officer of the Corporation 			

MAIL TO:

Division of Business Services

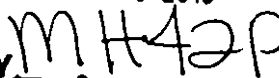
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 18 2019

BY 
A.A. 12:04 p.m.

FORM 640 - Revised 04/2018