



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 MAR 20 AM 11:28

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 1023	2. Exact Name of the Corporation ANDOR'S TV & FURNITURE, INC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1350 MINERAL SPRING AVE	
City/Town NORTH PROVIDENCE	State RHODE ISLAND Zip 02904
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ANTHONY PETRARCA	
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 5 HILLSIDE RD	
City/Town CUMBERLAND	State RHODE ISLAND Zip 02864
6. The name of the NEW registered agent is: DINA PETRARCA	
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 DINA PETRARCA	Date 02/26/2019
Signature of Authorized Officer of the Corporation <div style="text-align: center;"> <small>SIGN DOCUMENT HERE</small> </div>	

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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