



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

2019 APR 10 PM 12:45
SECRETARY OF STATE
CORPORATE SERVICES DIVISION

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 000001534	2. Exact Name of the Corporation AstroNova, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP City/Town PROVIDENCE State RHODE ISLAND Zip 02903	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: MARGARET D. FARRELL	
5. The address of the NEW registered office is: Street Address (NOT 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) _____	
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 David S - SMITH, VP, CFO	Date 4/9/19
Signature of Authorized Officer of the Corporation DAVID S SMITH, VP, CFO 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

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