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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

-> Filing Fee \$10.00 NO Fee

2019 APR 16 AM 9: 09

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> 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. Exact Name of the Corporation	ation
I	Barre Yellow Jackets
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 21 Laurel Drive	
Chepachet Chepachet	State RHODE ISLAND Zip 02814
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:	
Shaina Ulbin	
5. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) 142 Aldrich Rd	
N. Scituate	State RHODE ISLAND Zip 09857
6. The name of the <b>NEW</b> registered agent is:	
Shaina Ziegler (Name Change)	
	creative charges
	address of the office of its registered agent, as changed. will
7. The address of the corporation's registered office and the	address of the office of its registered agent, as changed, will
<ul><li>7. The address of the corporation's registered office and the be identical.</li><li>8. The change was authorized by a resolution duly adopted</li></ul>	address of the office of its registered agent, as changed, will by its board of directors.  Imined this Statement of Change of Registered Agent by the
<ul><li>7. The address of the corporation's registered office and the be identical.</li><li>8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example of the corporation of th</li></ul>	address of the office of its registered agent, as changed, will by its board of directors.  Imined this Statement of Change of Registered Agent by the
<ul> <li>7. The address of the corporation's registered office and the be identical.</li> <li>8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are true.</li> </ul>	by its board of directors.  Immined this Statement of Change of Registered Agent by the use and correct.  Date
<ul> <li>7. The address of the corporation's registered office and the be identical.</li> <li>8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are tropical Name of President/Vice President of the Corporation</li> </ul>	by its board of directors.  Immined this Statement of Change of Registered Agent by the use and correct.  Date

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 -

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