



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

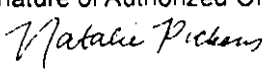
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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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## Statement of Change of Agent

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 000157847		2. Exact Name of the Corporation Stepstone Hospitality Inc.	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 333 Westminster Street, Unit 3			
City/Town Providence		State <b>RHODE ISLAND</b>	Zip 02903
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Michelle Russo			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State <b>RHODE ISLAND</b>	Zip 02914
6. The name of the <b>NEW</b> registered agent is: C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Natalie Pickens-VP			Date 4/12/19
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](http://www.sos.ri.gov)

**FILED  
 STAMP**

APR 19 2019

BY 

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FORM 640 - Revised 04/2018