



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 MAY 24 5 AM 11:59

**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<br><b>000507138</b>  | 2. Exact Name of the Corporation<br><b>Route 44 Auto Sales Inc.</b> |                     |                        |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:   |   |                     |                        |
| Street Address<br><b>7 WOOD DRIVE</b>  |   |                     |                        |
| City/Town<br><b>JOHNSTON</b>   | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02919</b> |                        |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>THOMAS MACOMBER</b>   |   |                     |                        |
| 5. The address of the NEW registered office is:  |   |                     |                        |
| Street Address (NOT a P.O. Box)<br><b>56 ELMGROVE AVE</b>  |   |                     |                        |
| City/Town<br><b>SMITHFIELD</b>   | State<br><b>RHODE ISLAND</b>  | Zip<br><b>02917</b> |                        |
| 6. The name of the NEW registered agent is:<br><b>GENE D. LANCELOTTA</b>   |   |                     |                        |
| 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<br><b>GENE D LANCELOTTA</b>  |   |                     | Date<br><b>5/24/19</b> |
| Signature of Authorized Officer of the Corporation<br><i>[Signature]</i> 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

**FILED**

**MAY 24 2019**

BY HL FT4W2

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**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY