

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

ECRETARY OF STATE CORPORATIONS BY

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 office ONLY in the State of Rhode Island. 1. Entity ID Number 2 Exact Name of the Corporation 80718 Turnkey Expo, Inc. 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 670 Willett Avenue City/Town East Providence Zip 02915 **RHODE ISLAND** 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 35 Highland Avenue City/Town East Providence **RHODE ISLAND** 02914 Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement) Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. Name of the Registered Agent/Officer of the Corporation Date 6-5-19 Dean G. Robinson, Esq.

GION DON MENT HARE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of the Registered Agent/Officer of the Corporation

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:44
FILED
JUN 10 2019
BY