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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Business Corporation** 

→ No Filing Fee

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:

Entity ID Number     2. Exact Name of the Corporation			
8-1019-16	PANOPTIC CON	MEDTE INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Spece Street #12			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1015 WARWICK AVE. #10			
City/Town ARWICK		State RHODE ISLAND	Zip 02888
5. 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			Date
ERYN GORDON 6/14/1992			
Signature of the Registered Agent/Officer of the Corporation			
20 A CONTRACTOR CONTRA			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov