

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Statement of Change of Agent 2019 JUN 14 PM 1: 11, TALLE

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u>		
following statement for the purpose of changing its registered. 1. Entity ID Number 2. Exact Name of the Corpo		sland.
82043 P.S.F. Re	olty (td.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 1444 WATWICK AVE.		
City/Town WAIWICK	State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
Kichard Appleboum		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box)		-
1444 WANGICK A	ve.	
04.07	la	Ī , .
City/Town WAY WICK	State RHODE ISLAND	0288 p
City/lown City/lown City/lown 6. The name of the NEW registered agent is:	State RHODE ISLAND	0288p
	<u>.l</u>	0288p
6. The name of the NEW registered agent is:	Foreman	02886
6. The name of the NEW registered agent is: Design les しょう	Foreman	02886
6. The name of the NEW registered agent is: Design of S. 7. Date when this Statement of Change of Registered Age	Foreman nt will be effective: CHECK ONE	02886
6. The name of the NEW registered agent is: Design of S. 7. Date when this Statement of Change of Registered Age Date received (Upon filing)	To servan Int will be effective: CHECK ONE ays from the date of filing) amined this Statement of Chan	BOX ONLY
6. The name of the NEW registered agent is: Design of S., 7. Date when this Statement of Change of Registered Age Date received (Upon filing) Later effective date (Date must be no more than 30 discontinuous design.) Under penalty of perjury, I declare and affirm that I have expenses.	To servan Int will be effective: CHECK ONE ays from the date of filing) amined this Statement of Chan	BOX ONLY
6. The name of the NEW registered agent is: Design of the Statement of Change of Registered Age The property of the NEW registered agent is: 7. Date when this Statement of Change of Registered Agent is: The property of the NEW York is: The property of the NEW registered agent is: The property of the New York is: The property	nt will be effective: CHECK ONE ays from the date of filing) amined this Statement of Chan- rue and correct.	BOX ONLY ge of Registered Agent by the
6. The name of the NEW registered agent is: Design of S. 7. Date when this Statement of Change of Registered Age Date received (Upon filing) Later effective date (Date must be no more than 30 day Under penalty of perjury, I declare and affirm that I have execuporation, and that all statements contained herein are to Name of Authorized Officer of the Corporation	nt will be effective: CHECK ONE ays from the date of filing) amined this Statement of Chan- rue and correct.	BOX ONLY ge of Registered Agent by the 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 JUN 14 2019

BY CR 5 HMOR