



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 21 AM 11:27

Statement of Change of Agent
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-13 or 7-6-78 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 <i>143808</i>		2. Exact Name of the Corporation <i>TRI TOWN TITANS FOOTBALL AND CHEERLEADING LEAGUE INC</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>77 HARC AVE</i>			
City/Town <i>HOPK</i>	State RHODE ISLAND	Zip <i>02831</i>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <i>NELSON PEDRO</i>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>3A BOSS RD</i>			
City/Town <i>FOSTER</i>	State RHODE ISLAND	Zip <i>02825</i>	
6. The name of the NEW registered agent is: <i>STEVEN PLOUFFE</i>			
7. The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
<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 President/Vice President of the Corporation <i>STEVEN PLOUFFE</i>			Date <i>6/21/19</i>
Signature of President/Vice President of the Corporation <i>[Signature]</i>			

SEE 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

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