



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

### Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 000816734		2. Exact Name of the Limited Liability Company CLARUS FLUID INTELLIGENCE, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 JEFFERSON BOULEVARD, SUITE 200 City/Town WARWICK State RHODE ISLAND Zip 02888			
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CORPORATION SERVICE COMPANY			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence, State RHODE ISLAND Zip 02914			
6. The name of the NEW resident agent is: C T Corporation System			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Paul E. Helton		Date 06/19/2019	
Signature of Authorized Person of the Limited Liability Company <i>Paul E. Helton</i>			

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CORPORATION DIV  
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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

JUN 27 2019

BY *JB 7VZDF*

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