RI SOS Filing Number: 201901057870 Date: 7/2/2019 11:49:00 AM



## **Statement of Change of Agent**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

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SECRETARY OF STATE
CORPORATIONS DIV
2019 JULE-2 AM 11: 45

| Entity ID Number                                    | pose of changing its registered agent in the State of Rhode Island:  2. Exact Name of the Corporation |                                  |                                  |
|---|---|----------------------------------|----------------------------------|
| 000513765   | Solar Sister, Inc.  |                                  |                                  |
|   | istered office as PRESENTLY show  | wn in the records on file with t | he RI Department of State:       |
| Street Address 15 Church                            |   |                                  |                                  |
| City/Town Bristol                                   |   | State RHODE ISLAND               | <sup>Zip</sup> 02809             |
| 4. The name of the regist                           | ered agent as PRESENTLY shown   | in the records on file with the  | RI Department of State:          |
| Katherine Lucey                                     |   |                                  |                                  |
| 5. The address of the NE                            |   |                                  |                                  |
|   | Box) 52 Constitution St. , First Fl   | oor                              |                                  |
| City/Town Bristol                                   |   | State RHODE ISLAND               | <sup>Zip</sup> 02809             |
| 6. The name of the <b>NEW</b>                       | registered agent is:  |                                  | •                                |
| Anthony Buono                                       |   |                                  |                                  |
| 7. The address of the corbe identical.              | poration's registered office and the  | address of the office of its req | gistered agent, as changed, will |
| 8. The change was author                            | prized by a resolution duly adopted   | by its board of directors.       |                                  |
|   | I declare and affirm that I have exa<br>statements contained herein are tru                           |                                  | nge of Registered Agent by the   |
| Name of President/Vice President of the Corporation |   |                                  | Date                             |
| Katherine Lucey                                     |   |                                  | 6/28/2019                        |
| Signature of President/Vi                           | ce President of the Corporation   | UMENT 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 FILED 11:49

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BY KKTXB

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