



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

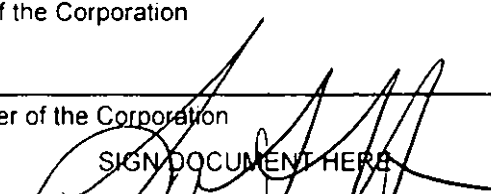
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## Statement of Change of Registered Office

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:

1. Entity ID Number <b>1690952</b>		2. Exact Name of the Corporation <b>Dashmap, Inc.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>1 FINANCIAL PLAZA, STE. 1800</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>321 SOUTH MAIN STREET, 4th FLOOR</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
5. Date when this Statement of Change of Registered Office will be effective. <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation <b>JEAN HARRINGTON, ESQ.</b>		Date <b>6/18/2019</b>	
Signature of the Registered Agent/Officer of the Corporation  SIGN 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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