



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<br><b>99168</b>  |                              | 2. Exact Name of the Corporation<br><b>J.R. Vinagro Corporation</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<br><b>PROVIDENCE</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>   |  |
| 4. The address of the <b>NEW</b> registered office is:   |                              |   |  |
| Street Address (NOI a P.O. Box) <b>321 SOUTH MAIN STREET, 4th FLOOR</b>  |                              |   |  |
| City/Town<br><b>PROVIDENCE</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><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<br><b>JOSHUA CELESTE, ESQ.</b>   |                              | Date<br><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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