

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of P	RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> th	ne undersigned corporation sul	hmits the
	pose of changing its registered		DITHES LIFE
1. Entity ID Number	2. Exact Name of the Corporation		
1341194	Social Sparks Inc		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address -		237 Front	Stallt
City/Town Lincoln		State RHODE ISLAND	^{Ζιρ} 02865
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Rose Molina			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1992 Old Louisquisset Pike			
City/Town Lincoln		State RHODE ISLAND	^{Zip} 02865
6. The name of the NEW registered agent is:			
Kristen Spencer			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
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.			
Name of Authorized Officer of the Corporation			Date
Kristen Spencer			7/2/2019
Signature of Authorized 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

JUL 0 5 2019