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

Statement of Change of Agent
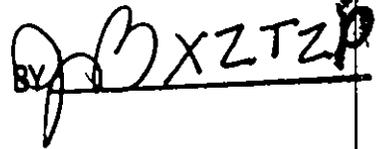DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $20.00

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 agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
000090626	**Woodlawn Gardens Florist, Inc.**

3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address **3 Austin Avenue P.O. Box 284**

City/Town **Greenville**	State **RHODE ISLAND**	Zip **02828**

4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:

Ralph E. Iannitelli

5. The address of the NEW registered office is:

Street Address (NOT a P.O. Box) **173 Aquaduct Road**

City/Town **Cranston**	State **RHODE ISLAND**	Zip **02910**

6. The name of the NEW registered agent is:

David P. Sherman

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) **August 1, 2019**

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
David P. Sherman	07/11/2019

Signature of Authorized Officer of the Corporation

S'GN DOCUMENT HERE

11:03

FILED

JUL 31 2019

BY ___ XZTZP