

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV  
2019 SEP -6 P 3:20



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned 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>796933</b>                                                                                                                                               |                              | 2. Exact Name of the Corporation<br><b>Iglesia Pentecostal Puerta del Cielo</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<br><b>561 Pine St.</b>                                                                                                                                              |                              |                                                                                 |           |
| City/Town<br><b>Central Falls</b>                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02863</b>                                                             |           |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                             |                              |                                                                                 |           |
| Street Address (NOT a P.O. Box)<br><b>129 Summer ST</b>                                                                                                                            |                              |                                                                                 |           |
| City/Town<br><b>Central Falls</b>                                                                                                                                                  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02863</b>                                                             |           |
| 5. Date when the 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).                                                                          |                              |                                                                                 |           |
| 7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.                                                               |                              |                                                                                 |           |
| Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct. |                              |                                                                                 |           |
| Name of the Registered Agent/President or Vice President of the Corporation<br><b>Carlos Salazar</b>                                                                               |                              |                                                                                 | Date<br>. |
| Signature of the Registered Agent/President or Vice President of the Corporation<br><i>[Signature]</i>                                                                             |                              |                                                                                 |           |

**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** ✓**SEP 06 2019**BY **CU 71060****3:22**