



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2019 SEP 25 A 11:29

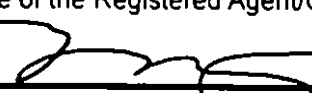
STATE

**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>847776</b>		2. Exact Name of the Corporation <b>M. FLAHEARTY &amp; ASSOCIATES, INC.</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>45 ERIC CT.</b>			
City/Town <b>CRAVSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02920</b>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>45 ERIC CT.</b>			
City/Town <b>CRAVSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02921</b>	
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<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>MICHAEL FLAHEARTY</b>			Date <b>9/24/19</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

FILED ✓  
 SEP 25 2019  
 BY ON 3T/YJV  
 11:29