



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

2020 JAN 23 PM 2:10

→ 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<br><b>001686502</b>   |  | 2. Exact Name of the Corporation<br><b>FLIP THIS HOUSE INC.</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>23 Washington ST.</b>  |  |   |                           |
| City/Town<br><b>NORTH PROVIDENCE</b>  |  | State<br><b>RHODE ISLAND</b>                                    | Zip<br><b>02904-4837</b>  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>ALAN L. VOGL</b>  |  |   |                           |
| 5. The address of the <b>NEW</b> registered office is:  |  |   |                           |
| Street Address (NOT a P.O. Box)<br><b>83 S. ROSE ST., SUITE 2</b>   |  |   |                           |
| City/Town<br><b>EAST PROVIDENCE</b>   |  | State<br><b>RHODE ISLAND</b>                                    | Zip<br><b>02914</b>       |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>DAVID OLIVEIRA</b>   |  |   |                           |
| 7. Date when this Statement of Change of Registered Agent 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) _____   |  |   |                           |
| 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<br><b>JOSE N. ESTRELA</b>   |  |   | Date<br><b>01-23-2020</b> |
| Signature of Authorized Officer of the Corporation<br><i>for [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](http://www.sos.ri.gov)

**FILED**

**JAN 23 2020**

BY *[Signature]*  
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