Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1 2-1409</u> the undersigned corporation submits the

ollowing statement for the	purpose of changing its registered	d agent in the State of Rhode I	sland:
1. Entity ID Number	2. Exact Name of the Corpor	N	
000123504	Woodscapes, inc.		
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with the	he RI Department of State:
Street Address	40 Westminster S	Street, Suite 700	
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the regist Stephen H. Burke, Esq	tered agent as PRESENTLY shows	n in the records on file with the	RI Department of State:
5. The address of the NE	W registered office is:		
Street Address (NOT a P.O.	Box) 106 Huntinghouse Road		
City/Town North Scituate		State RHODE ISLAND	Zip 02857
6. The name of the NEW Tysh T. McGrail	registered agent is:		
7. Date when this Statem	nent of Change of Registered Agen	t will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upo	n filing)		
Later effective date	(Date must be no more than 30 da	ys from the date of filing)	
, , , , , ,	I declare and affirm that I have ex- statements contained herein are tr		nge of Registered Agent by the
Name of Authorized Office Tysh T. McGrail	er of the Corporation		Date 1/23/2020
Signature of Authorized (Officer of the Corporation	LINEY WIR FESTOR	EN
	1/1/00	, , , , , , , , , , , , , , , , , , , ,	·

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

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