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

STAMP

**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 <b>527668</b>		2. Exact Name of the Corporation <b>PROPER PROCESS, 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>40 MONTGOMERY ST. #1894</b>			
City/Town <b>PAWBUCKET</b>	State <b>RHODE ISLAND</b>	Zip <b>02862</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>GARY SABOVAIN</b>			
5. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) <b>1343 HARTFORD AVE.</b>			
City/Town <b>JOHNSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>	
6. The name of the NEW registered agent is: <b>LEN PETRUSKA</b>			
7. Date when this Statement of Change of Registered Agent 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) _____			
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 <b>GARY SABOVAIN</b>		Date <b>2-20-2020</b>	
Signature of Authorized Officer of the Corporation <i>Gary Sabovain</i>		S.G.N. DOCUMENT FEE	

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY *LEKUSE*