



Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

370 F

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the			
following statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island: 1. Entity ID Number 2. Exact Name of the Corporation			
•	2. Exact Name of the Corporation		
713824	MOURAS (Traning SCRI	110c INC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address. 91 Point Judith Road #273			
City/Town Neurragansett		State RHODE ISLAND	Zip 02882
4. The address of the NEW registered office is.			
Street Address (NOT a P.O. Box) 1890 Broad St # 206			
City/Town	Nston	State RHODE ISLAND	Zip 02905
5. Date when this Statement of Change of Registered Office will be effective. CHECK ONE BOX ONLY			
Date received (Upon filing)			
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).			
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.			
Name of the Registered Agent/Officer of the Corporation Date			
DAUTO M MOURA 3/10/20			
Signature of the Repustered Agent/Officer of the Corporation			
SIGN DIGULANTO DERE			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 0 2020

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FORM 640A - Revised: 04/2018