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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAWF

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 2. Exact Name of the Corporation 000012595 ELLIE & ROB REALTY CORP. 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 838 CURTIS CORNER ROAD City/Town WAKEFIELD State RHODE ISLAND 02879 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ROBERT A BALLINGER JR 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 55 CHERRY LANE SUITE 2A City/Town WAKEFIELD ^{Zip} 02879 **RHODE ISLAND** 6. The name of the NEW registered agent is: ROBERT C GOLDEN, TRUSTEE 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY ✓ Date received (Upon filing) \square 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 Signature of Authorized Officer of the Corporation

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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FORM 610 - Revised 104 2018