RI SOS Filing Number: 202039402390 Date: 5/6/2020 3:41:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATES

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of the Corporati	gent in the State of Rhode I	
055440	SHEAR DIMENSIONS, INC.		
3. The address of the regi	stered office as PRESENTLY shown	in the records on file with t	he RI Department of State:
Street Address . \28	postance Stre	et Suite 550	
City/Town Purus	unce	RHODE ISLAND	^{Zip} 02903
4. The name of the registe V 5. The address of the NEV	red agent as PRESENTLY shown in	the records on file with the	RI Department of State:
	(iox) 33 College Hill Road, 5B		
City/Town Warwick		itate RHODE ISLAND	Zip 02886
6. The name of the NEW I	egistered agent is:		<u> </u>
7. Date when this Stateme	at of Change of Penistered Agent w	ill be effective: CHECK ON	F BOX ONLY
✓ Date received (Upon		mi be enective. Of IEO/C ON	
Date received (Upon Later effective date (filing) Date must be no more than 30 days	from the date of filing)	
Date received (Upon Later effective date (Upon) Under penalty of perjury, I	filing) Date must be no more than 30 days declare and affirm that I have exam	from the date of filing)ined this Statement of Char	
Date received (Upon Later effective date (I Under penalty of perjury, I Corporation, and that all s	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true	from the date of filing)ined this Statement of Char	nge of Registered Agent by the
Date received (Upon Later effective date (Under penalty of perjury, I Corporation, and that all s Name of Authorized Office	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true	from the date of filing)ined this Statement of Char	nge of Registered Agent by the
✓ Date received (Upon Later effective date (I Under penalty of perjury, I	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true r of the Corporation	from the date of filing)ined this Statement of Chai and correct.	nge of Registered Agent by the
✓ Date received (Upon Later effective date (I Under penalty of perjury, I Corporation, and that all s Name of Authorized Office Joanne Petronio	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true r of the Corporation	from the date of filing)ined this Statement of Chai and correct.	Date 2/27/2000 Registered Agent by the
Date received (Upon Later effective date (I Under penalty of perjury, I Corporation, and that all s Name of Authorized Office Joanne Petronio Dignature of Authorized Office ALL TO: Ivision of Business Service	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true of the Corporation ficer of the Corporation SIGN DOCUL	from the date of filing)ined this Statement of Chai and correct.	nge of Registered Agent by the
✓ Date received (Upon Later effective date (I Under penalty of perjury, I Corporation, and that all s Name of Authorized Office Joanne Petronio	filing) Date must be no more than 30 days declare and affirm that I have exam atements contained herein are true r of the Corporation ficer of the Corporation SIGN DOCUL S	from the date of filing) ined this Statement of Chai and correct. MENT HERE	Date 2/27/2000 Registered Agent by the