

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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RECEIVED DEPT. OF STA US SVCS DIV

**Statement of Change of Agent** 

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$29:00

10:00

non profit

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 Cardonal Company (1995)		
000162363	Renaissance Court Condo Home Association INC.		
3. The address of the regis	tered office as PRESENTLY show		
Street Address 48 Hamlet A	ve		
City/Town Woonsocket		State RHODE ISLAND	Zip <b>02895</b>
4. The name of the register	ed agent as PRESENTLY shown	in the records on file with the	RI Department of State:
First Choice Property Mar			
5. The address of the <b>NEW</b>			
Street Address (NOT a P.O. 8	<sup>ox)</sup> 2 Sampson Ave Unit A		
City/Town North Providence		State RHODE ISLAND	<sup>Zip</sup> 02911
6. The name of the <b>NEW</b> re	egistered agent is:	·	<u> </u>
Robert T Koehler			
7. Date when this Statemer	nt of Change of Registered Agent	will be effective: CHECK ONE	BOX ONLY
Date received (Upon f	iling)		
Later effective date (D	ate must be no more than 30 day	s from the date of filing)	
Under penalty of perjury, I c Corporation, and that all sta	declare and affirm that I have exa atements contained herein are tru	mined this Statement of Change and correct.	ge of Registered Agent by the
Name of Authorized Officer	of the Corporation		Date 😭 🛪
Robert T Koehler			05/12/2020 B
Signature of Authorized Car	icer of the Corporation	· ·	Z S FEC
	SIGN DO	2830601	EIVE OF VCS
			STATE DIV
			<u> </u>

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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BY BM5VW

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