



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

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Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

| | | | |
|--|------------------------------|---|--|
| 1. Entity ID Number 000690551 | | 2. Exact Name of the Corporation Twelvision | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 893 Smithfield Ave | | | |
| City/Town Lincoln | State RHODE ISLAND | Zip 02865 | |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 1655 Elmwood Ave Mailbox 5 | | | |
| City/Town Cranston | State RHODE ISLAND | Zip 02910 | |
| 5. Date when the Change of Registered Office 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) _____ | | | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | | | |
| 7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors. | | | |
| Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct. | | | |
| Name of the Registered Agent/President or Vice President of the Corporation James Leite | | Date 7/1/20 | |
| Signature of the Registered Agent/President or Vice President 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

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