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 R.I. DEPT. OF STATE
 BUSINESS SVCS DIV
 2020 AUG 13 AM 11:45

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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	
983028		BLU INK PRESS INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address P. O. BOX 2491, 62 DIKE ST. #111			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02906
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
ADAM JACKSON RILEY			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 23 ABALONE ROAD			
City/Town SAUNDERSTOWN		State RHODE ISLAND	Zip 02874
6. The name of the NEW registered agent is:			
STEPHANIE IZZO			
7. Date when this Statement of Change of Registered Agent 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) _____			
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		Date	
<input checked="" type="checkbox"/> Stephanie Izzo		<input checked="" type="checkbox"/> 8/2/20	
Signature of Authorized Officer of the Corporation		SIGN DOCUMENT HERE	
<input checked="" type="checkbox"/> <i>Stephanie Izzo</i>			

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 stamp
 AUG 13 2020
 BY [Signature] 2:52P
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