



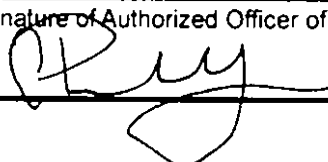
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**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 <b>000482466</b>		2. Exact Name of the Corporation <b>Scheidt &amp; Bachmann USA, Inc.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>155 SOUTH MAIN STREET, SUITE 301</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>CT CORPORATION SYSTEM</b>			
5. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>222 Jefferson Blvd., Suite 200</b>			
City/Town <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02888</b>
6. The name of the <b>NEW</b> registered agent is: <b>Registered Agent Solutions, Inc.</b>			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b> <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 <b>Cynthia Perry, Secretary</b>			Date <b>05/11/2020</b>
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**

OCT 01 2020

BY **GPTX4**

**A.A. 12:30pm.**

FORM 640 - Revised 04/2018