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R.I. DEPT. OF STATE  
BUS SVCS DIV

State of Rhode Island

Department of State - Business Services Division

2020 OCT 21 P 1:04

**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 001698885	2. Exact Name of the Corporation 3 Phase Elevator Corp	
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 304 NEW RIVER ROAD, UNIT 8		
City/Town MANVILLE	State RHODE ISLAND	Zip 02838
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: XIMENA RAMIREZ		
5. The address of the <b>NEW</b> registered office is:		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip 02914
6. The name of the <b>NEW</b> registered agent is: C T Corporation System		
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 <i>Leanne L. Flanagan</i>		Date 10/19/20
Signature of Authorized Officer of the Corporation <i>[Signature]</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**

OCT 21 2020

*[Signature]* CMGH 4  
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