

Filing Fee: \$20.00

ID Number: 98996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH,
BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Rhode Island:

1. The name of the corporation is: LAPORTE Insurance Services Inc.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
10 WEYBOSSET ST Providence RI 02903
3. The address of the NEW registered office is:
1702 Main Road TIVERTON RI 02878
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
Michael R Goldenberg
5. The name of the NEW registered agent is:
COLETTE L. MCKEON
6. The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement, or on _____
(a date not more than 30 days after filing this statement)
7. The change was authorized by resolution duly adopted by its board of directors.

PAID
MAR 25 1999
KID 220122
SECY OF STATE

LAPORTE Insurance Services Inc.
(Name of Corporation)
By William H. Laporte
Its President ☒ or Its Vice President ☐

STATE OF Rhode Island
COUNTY OF Newport

me William H. Laporte in Tiverton, RI on this 17th day of March, 1999, personally appeared before
is the President of said corporation and that he/she signed the foregoing document as
President of the corporation, and that the statements therein contained are true.

Christine Tripp
Notary Public

My Commission Expires: CHRISTINE TRIPP, NOTARY

My Commission Expires 6/30/2001

INSTRUCTIONS FOR FILING

CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

1. It is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 currently appears in the corporate records of the Secretary of State prior to submitting the statement for filing. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address will not be accepted for filing.
3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below and submitting same for filing with the \$20.00 filing fee.

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is: LAPORTE INSURANCE SERVICES INC.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
10 Weybosset St Providence RI 02903
3. The address of the NEW registered office is:
1702 Main Rd TIVERTON RI 02878
4. The change of address of the registered office shall become effective upon the filing of this statement, or on

(a date not more than 30 days after filing this statement)
5. A copy of this Statement has been mailed to the corporation.

Dated 3/11, 1999

Colene L McKeon

Name of Registered Agent

Name of Registered Agent
Carolyn K. McLean

Signature of Registered Agent