Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island

| 1. Entity ID Number | 2. Exact Name of the Corpor | 2. Exact Name of the Corporation | | |
|---|---------------------------------|----------------------------------|--------------|--|
| 001702574 | IZZO HOLDING CO., I | .NC. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | | |
| Street Address 215 Broadway | | | | |
| City/Town Provid | lence | State RHODE ISLAND | Zip U2903 | |
| 4. The address of the NEW registered office is: | | | | |
| Street Address (NOT a P.O. Box) 1033 Oaklawn Avenue | | | | |
| City/Town Cranst | con | State RHODE ISLAND | Zip 02920 | |
| 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY | | | | |
| Date received (Upon filing) | | | | |
| 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). | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. | | | | |
| Name of the Registered A | gent/Officer of the Corporation | | Date | |
| KOUN G. DODD, GSQ. | | | 1-1-2021 | |
| Signature of the Registered Agent/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

JAN 0 4 2021

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