## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

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

1. Entity ID Number	2. Exact Name of the C	2. Exact Name of the Corporation		
000072253	Pro Merge Sales, Inc	Pro Merge Sales, Inc		
3. The address of the reg	istered office as PRESENTL	Y shown in the records on file with t	he RI Department of State:	
Street Address 15	Franklin S	treet		
City/Town Westerly		State RHODE ISLAND	Zip 02891	
4. The name of the regist	ered agent as PRESENTLY	shown in the records on file with the	RI Department of State:	
George A. Comolli, ESQ				
5. The address of the NE				
Street Address (NOT a P.O.	Box) 81 Elm Street			
City/Town Westerly		State RHODE ISLAND	Zip 02891	
6. The name of the <b>NEW</b>	registered agent is:			
Scott A. Hallamore				
7. Date when this Statem	ent of Change of Registered	Agent will be effective: CHECK ON	E BOX ONLY	
<b>✓</b> Date received (Upor				
Later effective date	(Date must be no more than	30 days from the date of filing)		
, , , , , , , , , , , , , , , , , , , ,	I declare and affirm that I ha statements contained herein	ve examined this Statement of Char are true and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Scott A. Hallamore			02/17/2021	
Signature of Authorized (	Officer of the Corporation	Us	• <del>•</del> ••••••••••••••••••••••••••••••••••	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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