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:

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

following statement for the	purpose of changing its register	ed agent in the State of Rhode I	sland:	
1. Entity ID Number	2. Exact Name of the Corporation			
000138365	Adam's Aquatics Inc	Adam's Aquatics Inc		
3. The address of the reg	istered office as PRESENTLY sh	nown in the records on file with t	he RI Department of State:	
Street Address 6637 Post R	6145 PC	State RHODE ISLAND	1.6	
City/Town North Kingstown		State RHODE ISLAND	Zip 02852	
4. The name of the regist	tered agent as PRESENTLY sho	wn in the records on file with the	RI Department of State:	
Sean R. Doherty, ESQ				
5. The address of the NE			· -	
Street Address (<u>NOT</u> a P.O.	Box) 6145 Post Road, Unit 6			
City/Town North Kingstown		State RHODE ISLAND	Zip 02852	
6. The name of the NEW	registered agent is:			
Adam Heroux				
7. Date when this Statem	nent of Change of Registered Age	ent will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upor	n filing)			
Later effective date	(Date must be no more than 30 c	days from the date of filing)		
	I declare and affirm that I have e statements contained herein are		nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Adam Heroux			03/01/2021	
Signature of Authorized (Officer of the Corporation		<u>. </u>	
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MAIL TO:

Division of Business Services

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

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

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