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.

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		red agent in the otate of thode i	
1. Entity ID Number	2. Exact Name of the Corp	2. Exact Name of the Corporation	
000792262	CGK ENTERPRISES, INC.	_	
3. The address of the regis	tered office as PRESENTLY s	hown in the records on file with t	he RI Department of State:
Street Address 469 CENTER		-	- Control of Control
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The name of the register	red agent as PRESENTLY sho	own in the records on file with the	RI Department of State:
JANET GAUCH	•		
5. The address of the NEW			
Street Address (<u>NOT</u> a P.O. B	^{ox)} 99 Quaker lane		
City/Town NORTH SCITUAT	TE .	State RHODE ISLAND	Zip 02857
6. The name of the NEW re	egistered agent is:		· · · · · · · · · · · · · · · · · · ·
JOHN A. PARMELEE, CPA			
7. Date when this Statemer	nt of Change of Registered Ag	ent will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon f	filing)		
Later effective date (D	ate must be no more than 30	days from the date of filing)	
	declare and affirm that I have e atements contained herein are	examined this Statement of Char	nge of Registered Agent by the
Name of Authorized Officer	of the Corporation		Date
CHRISTOPHER KOUTSOGI	ANE	a general expenses	4/13/21
Signature of Authorized Off	ficer of the Corporation	•	•
Christopher	Kontragions		
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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

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