Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</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 STA BUS SVCS DIV

statement for the purpose t	or changing its registered agent in	the State of Knode Island.	;;	
1. Entity ID Number	2. Exact Name of the Corporation		36	m
000046638	Our Redeemer Evangelical Lutheran Church			
3. The address of the regi	stered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of Sta	ate:
Street Address 54 Ccdar Swa	ımp Road			
City/Town Smithfield		State RHODE ISLAND	Zip 02917	
4. The name of the registe	ered agent as PRESENTLY shown	n in the records on file with the	RI Department of State	e:
REV. Matthew Richardt				
5. The address of the NEV	N registered office is:			•
Street Address (NOT a P.O. I	Box) 54 Ccdar Swamp Road			
City/Town Smithfield		State RHODE ISLAND	Zip 02917	
6. The name of the NEW	registered agent is:			
REV. Aaron Stinnett				
7. The address of the corp be identical.	poration's registered office and the	address of the office of its reg	istered agent, as chang	ged, will
8. The change was author	rized by a resolution duly adopted	by its board of directors.		
	declare and affirm that I have exa tatements contained herein are tru		ge of Registered Agent	t by the
Name of President/Vice P	resident of the Corporation		Date	
Matthew Crowshaw			6/13/2021	
Signature of President/Vio	President of the Corporation Flour hours			

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**

JUN 1 7 2021

BY

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