RI SOS Filing Number: 202199168350 Date: 7/8/2021 2:34:00 PM



Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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

2021 JUL -8 P 2: 34 :

Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island:	
1. Entity ID Number 2. Exact Name of the Corpora	ation
1657258 Bee In	Motion
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1577 Westminster Street, Box 2-02 City/Town Providence State RHODE ISLAND Zip 02909	
City/Town Providence	State RHODE ISLAND Zip 02909
4. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) Maple Ave, Box H-207 City/Town West Warwich State RHODE ISLAND Zip 62893	
City/Town West Waswich	State RHODE ISLAND Zip 02893
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY	
ப் 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).	
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.	
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.	
Name of the Registered Agent/President of Vice President of the Corporation Date: 7872	
Signature of the Registered Agent/President or Vice President of the Corporation	
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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 FILED C

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BY On TSASP

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