



State of Rhode Island  
**Department of State - Business Services Division**

2021 JUL 21 P 2:04

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 R.I. DEPT. OF STATE  
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**Statement of Change of Agent**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|  |  |   |                  |
|--|--|---|------------------|
| 1. Entity ID Number<br><b>001719433</b>  |  | 2. Exact Name of the Corporation<br><b>Top Finish Inc</b> |                  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>8 Farnum St</b>   |  |   |                  |
| City/Town <b>Pawtucket</b>   |  | State <b>RHODE ISLAND</b>                                 | Zip <b>02861</b> |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Charlene I Centeno</b>   |  |   |                  |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>8 Farnum St</b>   |  |   |                  |
| City/Town <b>Pawtucket</b>   |  | State <b>RHODE ISLAND</b>                                 | Zip <b>02861</b> |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Charlene I Bustos</b>   |  |   |                  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>   |  |   |                  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                         |  |   |                  |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> |  |   |                  |
| Name of Authorized Officer of the Corporation<br>  |  | Date<br><b>07/21/2021</b>                                 |                  |
| Signature of Authorized Officer of the Corporation<br><b>Charlene I Bustos</b>   |  |   |                  |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

*Charlene I Bustos*

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