



State of Rhode Island

Department of State - Business Services Division

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RI DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL 30 AM 8:50

**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>000085692</b>                                                                                                                                                             |                              | 2. Exact Name of the Corporation<br><b>FALVEY CARGO UNDERWRITING, LTD.</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                              |                                                                            |  |
| Street Address <b>66 Whitecap Drive</b>                                                                                                                                                             |                              |                                                                            |  |
| City/Town<br><b>North Kingstown</b>                                                                                                                                                                 | State<br><b>RHODE ISLAND</b> | Zip<br><b>02852</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>Robert E. Falvey, Esq.</b>                                              |                              |                                                                            |  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                              |                                                                            |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>66 Whitecap Drive</b>                                                                                                                                    |                              |                                                                            |  |
| City/Town<br><b>North Kingstown</b>                                                                                                                                                                 | State<br><b>RHODE ISLAND</b> | Zip<br><b>02852</b>                                                        |  |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>Logan W. Pearce, Esq.</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)                                                                                                                                     |                              |                                                                            |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                                                                                     |                              |                                                                            |  |
| 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. |                              |                                                                            |  |
| Name of Authorized Officer of the Corporation<br><b>Michael F. Edwards</b>                                                                                                                          |                              | Date<br><b>7/26/2021</b>                                                   |  |
| Signature of Authorized Officer of the Corporation<br><i>Michael F. Edwards</i>                                                                                                                     |                              |                                                                            |  |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED**

JUL 30 2021

BY *GK8N2*  
*AA 8:50AM*

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