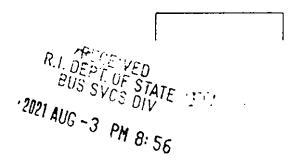
RI SOS Filing Number: 202199850200 Date: 8/3/2021 8:56:00 AM



## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Business Corporation** 

→ No Filing Fee



|  | s of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the purpose of changing its registered |                                   |                                   |  |
|--|--|-----------------------------------|-----------------------------------|--|
| 1. Entity ID Number  | 2. Exact Name of the Corpora   | 2. Exact Name of the Corporation  |                                   |  |
| 001710119  | A & E INTEC EXHAUST SYSTEM, INC.   |                                   |                                   |  |
| 3. The address of the reg  | gistered office as PRESENTLY sho   | wn in the records on file with th | ne RI Department of State:        |  |
| Street Address 85 SANDY  | BOTTOM ROAD  |                                   |                                   |  |
| City/Town COVENTRY   |  | State RHODE ISLAND                | <sup>Zip</sup> 02816              |  |
| 4. The address of the NE   | W registered office is:  |                                   |                                   |  |
| Street Address (NOT a P.O. Box) 87 SANDY BOTTOM ROAD                             |  |                                   |                                   |  |
| City/Town COVENTRY   |  | State RHODE ISLAND                | <sup>Zip</sup> 02816              |  |
| 5. Date when this Statem   | nent of Change of Registered Office  | will be effective: CHECK ONI      | E BOX ONLY                        |  |
| ☑ Date received (Upo)  | n filing)  |                                   |                                   |  |
| Later effective date (Date must be no more than 30 days from the date of filing) |  |                                   |                                   |  |
| 6. A copy of this Stateme  | ent has been mailed to the corporati   | ion (applicable when agent rec    | ords statement).                  |  |
|  | I declare and affirm that I have exa<br>herein are true and correct.                   | amined this Statement of Chan     | ge of Registered Office, and that |  |
| Name of the Registered Agent/Officer of the Corporation                          |  |                                   | Date                              |  |
| D. LYNES, LLC.   |  |                                   | 07/27/2021                        |  |
| Signature of the Register  | red Agent/Officer of the Corporation   | <u> </u>                          |                                   |  |
| Delroup  | K Truindy  |                                   |                                   |  |

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

AUG 0 3 2021 166 8:56

 $S^{*}$