RI SOS Filing Number: 202101081230 Date: 9/7/2021 2:30:00 PM



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:		
Entity ID Number 2. Exact Name of the Corpora		
44565 KAKCHWOOD/toMEOWNERS ASSOCIATION, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 3205 POST ROAD PO BOX 6074 City/Town WARWICK State RHODE ISLAND Zip 02856 02867		
City/Town WARWICK	State RHODE ISLAND	Zip 02887
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:		
VICTORIA LAFORCE		
5. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 3205 POST ROAD POBOX 6074 City/Town State RHODE ISLAND Zip 0 2867		
City/Town WARWICK	RHODE ISLAND	Zip 02887
6. The name of the NEW registered agent is:	RHODE ISLAND	0 2887
6. The name of the NEW registered agent is: ROBERT H RESSE	R	0 2887
6. The name of the NEW registered agent is:	R	0 2887
6. The name of the NEW registered agent is: ROBERTH RESSE 7. The address of the corporation's registered office and the	$rac{\mathcal{L}}{\mathcal{L}}$ address of the office of its reg	0 2887
6. The name of the NEW registered agent is: **RESSE** 7. The address of the corporation's registered office and the be identical.	address of the office of its reg by its board of directors. mined this Statement of Chan	の
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have example of the identical of the ident	address of the office of its reg by its board of directors. mined this Statement of Chan	の
6. The name of the NEW registered agent is: 7. The address of the corporation's registered office and the be identical. 8. The change was authorized by a resolution duly adopted Under penalty of perjury, I declare and affirm that I have exactly corporation, and that all statements contained herein are true.	address of the office of its reg by its board of directors. mined this Statement of Chan	istered agent, as changed, will ge of Registered Agent by the

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

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