State of Rhode Island
Department of State - Business Services Division

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	2. Exact Name of the Corporation
000718771	BOOMI, INC.

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address 222 JEFFERSON BOULEVARD, SUITE 200

City/Town WARWICK	State **RHODE ISLAND**	Zip 02888

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

CORPORATION SERVICE COMPANY

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence	State **RHODE ISLAND**	Zip 02914

6. The name of the **NEW** registered agent is:

C T Corporation System

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

[x] Date received (Upon filing)

[ ] 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	Date
Joe Davis	10/1/2021

Signature of Authorized Officer of the Corporation

Joe Davis

FILED

OCT 0 4 2021

BY _____

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