

R.I. DEPT. OF STATE BUS SYUS BIV

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Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office ONLY in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Corporation		
000088745 Shepherds Gate		e Christian M	inistries
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 225 Melrose St.			
City/Town Providence		RHODE ISLAND	Zip 02907
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 500 ROCKY Hill Rd-			
North Scituate		RHODE ISLAND	^{Zip} 02857
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/President or Vice President of the Corporation			Date
Holwin Waldron			NOV. 15, 2021
Signature of the Registered Agent/President or Vice President of the Corporation			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov