



State of Rhode Island

Department of State - Business Services Division

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**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>001670840</b>		2. Exact Name of the Corporation <b>LOCALZ, INC.</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>50 Caribou Way</b>			
City/Town <b>Tiverton</b>	State <b>RHODE ISLAND</b>	Zip <b>02878</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>576 Metacom Avenue, Unit 2</b>			
City/Town <b>Bristol</b>	State <b>RHODE ISLAND</b>	Zip <b>02809</b>	
5. Date when this Statement of Change of Registered Office 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) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation <b>Kevin Ames</b>		Date <b>October 22, 2021</b>	
Signature of the Registered Agent/Officer of the Corporation <i>Kevin Ames</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

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