

## BUS SECOND

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> 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		
001690599	MVC Technologies USA, Inc.		
3. The address of the regist	ered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 222 Jefferson	Boulevard, Suite 200		
City/Town Warwick		State RHODE ISLAND	Zip 02888
4. The name of the register	ed agent as PRESENTLY showr	in the records on file with the	RI Department of State:
Incorp Services, Inc.			
5. The address of the NEW	registered office is:		<u> </u>
Street Address (NOT a P.O. B	ox) 450 Veterans Memorial Parkwa	y, Suite 7A	
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW re	egistered agent is:	<u> </u>	
C T Corporation System			_
7. Date when this Statemer	nt of Change of Registered Agen	t will be effective: CHECK ON	E BOX ONLY
➤ Date received (Upon f	îling)		
Later effective date (D	ate must be no more than 30 da	ys from the date of filing)	
Under penalty of perjury, I of Corporation, and that all st	declare and affirm that I have exa atements contained herein are tr	amined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Joe Davis, Secretary			03/09/2022
Signature of Authorized Off	ficer 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 FILED STAIVIP

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