/4/2023 12:21:00 PM

	RI SOS	Filing Nu	ımber: 20	2325650100	Date:	1/4/2023	12:21:0	)0	
	State of Rho Departm		te - Busir	ness Services	Divisio	on			
	ement of ESTIC or F			i <b>t</b> Corporation					
$\rightarrow$ F	iling Fee: 9 <del>2</del>	0.00 NO	Fee		-				
				2 or <u>7-1,2-1409</u> th ging its registered					
	tity ID Numbe			me of the Corpora					
	0108	7766	RI	- UÉPOI	NT,	INC.			
3. The address of the registered office as PRESENTLY shown in the records on file with the									
Street	Address	1715	Post	Road	#	1608			
City/Ti	own Nort	h Kini	gs tow	$\wedge$	State R	HODE ISL	AND	Z	
4. Th	e name of the	e registered a	gent as PR	ESENTLY shows	n in the re	cords on file	with the	Ri	

Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation		R.I. DEPT. OF STATE
→ Filing Fee: \$20.00 NO Fee		2023 JAN -4 P 12: 20
Pursuant to the provisions of RIGL $7-1.2-502$ or $7-1.2-1409$ the ollowing statement for the purpose of changing its registered	ne undersigned corporation su Lagent in the State of Rhode Is	bmits the
1. Entity ID Number 2. Exact Name of the Corpora		
001687766 BLUEPOI	NT, INC.	
3. The address of the registered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 7715 Rost Road	# 1608	
City/Town North Kingstown	State RHODE ISLAND	Zip 02852
4. The name of the registered agent as PRESENTLY shown	n in the records on file with the	RI Department of State:
Daniel F. R	yno	
5. The address of the <b>NEW</b> registered office is:		
Street Address (NOT a P.O. Box)  376 Dry Bridge Rodd,  City/Town  North Kingstown	STE F2	
City/Town North Kingstown	State RHODE ISLAND	Zip 07852
6. The name of the NEW registered agent is:		
Daniel F. R	YNO	
7. Date when this Statement of Change of Registered Agent	t will be effective: CHECK ONI	E BOX ONLY
□ Date received (Upon filing)		
Later effective date (Date must be no more than 30 day	ys from the date of filing)	<u>.</u>
Under penalty of perjury, I declare and affirm that I have exa Corporation, and that all statements contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation		Date
Daniel F. Ryno		01.04.23
Signature of Authorized Officer 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 ...P

JAN 0 4 2023

FORM 640 - Revised 08/2020