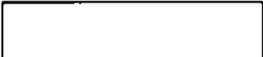




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 10 A 10:03

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 001689219		2. Exact Name of the Corporation SKM Title & Closing Services, P.C.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 190 North Shore Road			
City/Town Burrillville		State RHODE ISLAND	Zip 02826
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Heather Maloney			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 20 Lugent Lane			
City/Town Bristol		State RHODE ISLAND	Zip 02809
6. The name of the NEW registered agent is: Erik Yanyar			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY <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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Michael R. Maloney			Date 1-6-23
Signature of Authorized Officer of the Corporation 			

FILED

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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