



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 FEB -1 PM 2:04

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 000160113		2. Exact Name of the Corporation <u>LLC</u> HEAD GAMES, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 360 SUNSET AVENUE <u>235 Wilbur Ave</u>			
City/Town NORTH PROVIDENCE <u>Cranston</u>		State <u>RHODE ISLAND</u>	Zip 02914 <u>02921</u>
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) <u>204 WATERMAN AVENUE</u>			
City/Town <u>NORTH PROVIDENCE</u>		State <u>RHODE ISLAND</u>	Zip <u>02911</u>
5. Date when this Statement of Change of Registered Office 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) _____			
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 <u>LLC</u> <u>Jason B. W. Regan</u>			Date 1-30-2022
Signature of the Registered Agent/Officer of the Corporation <u>[Signature]</u>			

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

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BY [Signature]

642A
FORM 642A - Revised: 12/2021



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 01, 2023 02:04 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

