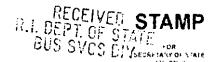


## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



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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 2. Exact Name of the Corporation 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State Street Address City/Town State RHODE ISLAND 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) Main **RHODE ISLAND** 6. The name of the NEW registered agent is VAC 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) 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. Name of Authorized Officer of the Corporation Date Signature of Authorized

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

STAMP

FEB 0 2,2023

FOR SECTIFICARY OF 653 0 WIT OBJ. 1

FORMAN - Revised: 08/2020