



State of Rhode Island

## Department of State - Business Services Division

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 FOR  
 SECRETARY OF STATE  
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## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 <b>001336231</b>		2. Exact Name of the Corporation <b>Gullwing Corporation</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 1 Citizens Plaza, Floor 8			
City/Town Providence	State <b>RHODE ISLAND</b>	Zip 02903	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Adler Pollock & Sheehan P.C. c/o Joseph R. Marion III, Esquire			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 106 Clock Tower Square			
City/Town Portsmouth	State <b>RHODE ISLAND</b>	Zip 02871	
6. The name of the <b>NEW</b> registered agent is: Joseph R. Marion III, Esq.			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
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 Joseph R. Marion III, Esq.		Date 1/31/23	
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

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