Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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2023 FEB -3 P 2: 03

Pursuant to the provisions of Ri ollowing statement for the purp			
	2. Exact Name of the Corporation		
0.01738574	CampusLogic, Inc.		
3. The address of the registere	ed office as PRESENTLY show	vn in the records on file with th	ne RI Department of State:
Street Address 222 JEFFERSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
CAPITOL CORPORATE SERVICES, INC.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW regis	stered agent is:		
C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
	clare and affirm that I have exa ments contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
JAMES DEVER DENNETT, SR. VP			01/26/2023
Signature of Authorized Office	er 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 BY -12704