



RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAR -2 A 9:25

**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<br><b>000123196</b>  |  | 2. Exact Name of the Corporation<br><b>Skyefire International, Ltd.</b> |                          |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:<br>Street Address <b>1041 Ten Rod Road Ste B</b>  |  |   |                          |
| City/Town <b>North Kingstown</b>   |  | State <b>RHODE ISLAND</b>   | Zip <b>02852</b>         |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:<br><b>Mark A. McSally, Esq.</b>   |  |   |                          |
| 5. The address of the NEW registered office is:<br>Street Address (NOT a P.O. Box) <b>One Turks Head Place Ste 450</b>   |  |   |                          |
| City/Town <b>Providence</b>  |  | State <b>RHODE ISLAND</b>   | Zip <b>02903</b>         |
| 6. The name of the NEW registered agent is:<br><b>Bruce A. Leach, Esq.</b>   |  |   |                          |
| 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<br><b>Diane Richards</b>   |  |   | Date<br><b>2/10/2023</b> |
| Signature of Authorized Officer of the Corporation<br><i>Diane Richards</i>  |  |   |                          |

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  
MAR 02 2023  
9:25 BY M L 9A6PM