RI SOS Filing Number: 202330667740 Date: 3/10/2023 2:43:00 PM

State of Rhode Island

Repartment of State - Business Services Division

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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation 10

→ Filing Fee: \$20.00

1. Entity ID Number	2. Exact Name of the Corporation				
1752616	Hidden Blessings, Inc.				
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 165 Taber Ave	enue				
City/Town Providence		State RHODE ISLAND	Zip 2906		
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:					
Mario Reynolds					
5. The address of the NEW r	egistered office is:				
Street Address (NOT a P.O. Box	() 165 Taber Avenue				
City/Town Providence		State RHODE ISLAND	Zip 2906		
6. The name of the NEW reg	istered agent is:				
Mario Pereira					
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon fili	ng)				
Later effective date (Date must be no more than 30 days from the date of filing)					
	eclare <mark>and</mark> affirm that I have exa ements contained herein are tro		nge of Registered Agent by the		
Name of Authorized Officer of	of the Corporation		Date		
Asher Pereira, President			2/23/23		
Signature of Authorized Office	er of the Corporation				
1 /1 /1					

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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FORM 640 - Revised 08/2020