RI SOS Filing Number: 202341733540 Date: 9/15/2023 1:03:00 PM



State of Rhode Island

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2023 SEP 15 PM 1: 03

## Statement of Change of Registered Agent

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

| Pursuant to the provisions of R  | IGL <u>7-6-13</u> or <u>7-6-78</u> the under   | signed corporation submits the heart of Rhode island: | e 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  |  |   |                                  |
| Anna 31925 Cumberland  |  | Post #14, Am  | xrican Legion                    |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:   |  |   |                                  |
|  |  |   |                                  |
|  |  | State RHODE ISLAND                                    | <sup>ZID</sup> 02860             |
| The state of State:  |  |   |                                  |
| 4. The name of the registered agent as PRESENTET SHOWN IN SIGNAL BOULANT   |  |   |                                  |
| 5. The address of the NEW registered office is:  |  |   |                                  |
| Street Address (NOT a P.Q. Box)  |  |   |                                  |
| 44 Prospect SIFECY   |  |   |                                  |
| City/Town WACWICK  |  | State RHODE ISLAND                                    | Zip 02886                        |
| 6. The name of the NEW registered agent is:  Ellery Milton leckham III   |  |   |                                  |
| 7. The address of the corpor be identical.   | ation's registered office and the  | address of the office of its req                      | gistered agent, as changed, will |
| 8. The change was authorize  | ed by a resolution duly adopted  | by its board of directors.                            |                                  |
| Under negative of periury 1 de   | eclare and affirm that I have extended the contained herein are the con | amined this Statement of Char                         | nge of Registered Agent by the   |
| Name of President/Vice President   |  |   | Date 12 2023                     |
| Signature of Presiden Wee  | President of the Corporation   |   |                                  |
| - Contraction of the contraction | are usuffe   |   |                                  |

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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BY LLS AGORR