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State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Business Corporation


→ No Filing Fee

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

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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>001718297</b>	2. Exact Name of the Corporation <b>OVERFLOW INC</b>		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>30 DONELSON STREET</b>			
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02908</b>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>56 OLD OAK AVENUE</b>			
City/Town <b>CRAWSTON</b>	State <b>RHODE ISLAND</b>	Zip <b>02920</b>	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation <b>AFOLARIN OLOYUNGB</b>			Date <b>10/27/23</b>
Signature of the Registered Agent/Officer of the Corporation 			<b>SIGN DOCUMENT HERE</b>

**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 ML XEC 87

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