



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

10 RIDGE RD
1131 PM 11:22:35

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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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 001718297		2. Exact Name of the Corporation OVERFLOW INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 30 DONELSON STREET			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 56 OLD OAK AVENUE			
City/Town CRAWSTON		State RHODE ISLAND	Zip 02920
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). 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.			
Name of the Registered Agent/Officer of the Corporation AFOLARIN OLUGBASE			Date 10/27/23
Signature of the Registered Agent/Officer of the Corporation SIGN DOCUMENT HERE			

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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BY ML XEC 87

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