



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

| 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 | | |
| 000073071 Lynx Digi | nord Teoling | Inc. |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | |
| Street Address 15 A Enterprise have | | |
| is A Enterprise has city/Town Smith field | State RHODE ISLAND | 2ip 02917 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: | | |
| James S Lawrence, Esa | | |
| 5. The address of the NEW registered office is: | | |
| Street Address (NOI a P.O. Box) 15 A Enterprise have | | |
| CityMown Smith field | State RHODE ISLAND | 2ip 02917 |
| 6. The name of the NEW registered agent is: | | |
| Derren Toller | | |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY | | |
| Date received (Upon filing) | | |
| Later effective date (Date must be no more than 30 days from the date of filing) | | |
| 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. | | |
| Name of Authorized Officer of the Corporation | | Date |
| Darren Tolley | | 11/20/23 |
| Signature of Authorized Officer of the Corporation | | |
| hulls- | | |
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 04 2023 BY 75 20