



State of Rhode Island  
Department of State - Business Services Division

REC'D RID05 ASD  
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**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>160273</b>	2. Exact Name of the Corporation <b>CHRIST APOSTOLIC CHURCH MIRROR OF GOD</b>
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>189 PAVILION AVE</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02905</b>
4. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>86 DARLINGDALE AVE</b>	
City/Town <b>PAWTUCKET</b>	State <b>RHODE ISLAND</b> Zip <b>02861</b>
5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).	
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.	
<i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>	
Name of the Registered Agent/President or Vice President of the Corporation <b>OLUBUNMI IBITOYE</b>	Date <b>03/18/2024</b>
Signature of the Registered Agent/President or Vice President of the Corporation <i>Obitoye</i>	

**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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FILED  
MAR 18 2024  
BY ML