

STAMP

Statement of Change of Registered OfficeDOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

1. Entity ID Number	2. Exact Name of the Corporation			
1733490	Iglesia Aguas De Las	Iglesia Aguas De Las Fuentes De La Salvacion		
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with the	ne RI Department of State:	
Street Address 437 A DE	XTER STREET			
City/Town CENTRAL FALLS		State RHODE ISLAND	^{Zip} 02863	
4. The address of the NE				
Street Address (NOT a P.O.	Box) 80 HIGGINSON AVE B			
City/Town LINCOLN		State RHODE ISLAND	^{Zip} 02865	
5. Date when the Change	of Registered Office will be effecti	ive: CHECK ONE BOX ONLY		
☑ Date received (Upon	ı filing)			
Later effective date (Date must be no more than 30 day	ys from the date of filing)		
6. A copy of this Stateme	nt has been mailed to the corporati	ion (applicable when agent rec	ords statement).	
7. If recorded by the corp	oration, the change was authorized	d by a resolution duly adopted	by its board of directors.	
, , , , , ,	I declare and affirm that I have exa ned herein are true and correct.	amined these Statement of Ch	ange of Registered Office, and	
Name of the Registered Agent/President or Vice President of the Corporation			Date	
JOSE M VELEZ			4/12/2024	
Signature of the Register	ed Agent/President or Vice Preside	ent of the Corporation		

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 STAMP**