

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

ollowing statement for the pu 1. Entity ID Number	RIGL 7-1.2-502 or 7-1.2-1409 the ur rpose of changing its registered office	ce ONLY in the State of R	hode Island.
_	2. Exact Name of the Corporation		
001765508	Innovado, Inc.		
3. The address of the registe	red office as PRESENTLY shown in	the records on file with the	ne RI Department of State:
Street Address 34 Belfield [Drive		
City/Town Johnston	Stat	te RHODE ISLAND	^{Zip} 02919
4. The address of the NEW r	egistered office is:		· · · · · · · · · · · · · · · · · · ·
Street Address (NOT a P.O. Box)	24 Belfield Drive		
City/Town Johnston	Stat	18 RHODE ISLAND	^{Zip} 02919
5. Date when this Statement	of Change of Registered Office will	be effective: CHECK ON	BOX ONLY
Date received (Upon fill Later effective date (Da	ng) te must be no more than 30 days fro	om the date of filing)	
6. A copy of this Statement h	as been mailed to the corporation (a	applicable when agent rec	ords statement).
	clare and affirm that I have examine		
Name of the Registered Agent/Officer of the Corporation			Date
Otaniel Mendes			5/14/24
Signature of the Registered	Agent/Officer of the Corporation	/14/24	<u></u>

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**

MAY 16 2024

12:06

BY_A.R.