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SECRETARY OF STATE
CORPORATIONS DIV
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Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 001695386		2. Exact Name of the Corporation SPIKES TOOL BOX INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1220 PONTIAC AVE SUITE 203			
City/Town CRANSTON	State RHODE ISLAND	Zip 02920	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Stephen m Pezza			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 2160 HARKNEY HILL RD			
City/Town COVENTRY	State RHODE ISLAND	Zip 02816	
6. The name of the NEW registered agent is: JEREMY WEBBER			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation Jeremy Webber			Date 5/30/24
Signature of Authorized Officer 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

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BY BJCHB