



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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|--|---|------------------|--------------------------|
| 1. Entity ID Number 001762687 | 2. Exact Name of the Corporation SPRINGTIDE HEATING AND COOLING, INC. | | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 63 MARCHANT STREET | | | |
| City/Town NEWPORT | State RHODE ISLAND | Zip 02840 | |
| 4. The address of the NEW registered office is: | | | |
| Street Address (<u>NOT</u> a P.O. Box) 1049 WAPPING ROAD | | | |
| City/Town MIDDLETOWN | State RHODE ISLAND | Zip 02842 | |
| 5. Date when this Statement of Change of Registered Office 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) _____ | | | |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). | | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> | | | |
| Name of the Registered Agent/Officer of the Corporation MICHAEL DAVIES | | | Date 10/ /2024 |
| Signature of the Registered Agent/Officer of the Corporation <i>Michael Davies</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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BY _____

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