

## State of Rhode Island Department of State - Business Services Division

REC'D RIDOS 95D 25 KAR 28 54:14:1

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
000130159	REGISTERED AGENT SOLUTIONS, INC			
3. The address of the regi	stered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Chront Address	RSON BLVD, STE 200	-		
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4. The name of the registe	ered agent as PRESENTLY shows	n in the records on file with the	RI Department of State:	
PARASEARCH, INC.				
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence		State RHODE ISLAND	<sup>Zip</sup> 02914	
6. The name of the NEW	registered agent is:			
C T Corporation System				
7. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ON	IE BOX ONLY	
X Date received (Upor				
Later effective date	(Date must be no more than 30 da	ys from the date of filing)		
Under penalty of perjury, Corporation, and that all	I declare and affirm that I have ex statements contained herein are tr	amined this Statement of Cha ue and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
KARA KORESEC, ATTORNEY IN FACT			03/24/2025	
Signature of Authorized 0	Officer of the Corporation			
Kaia Korasec				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 28 2025 5T . . .
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