

## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00

|   |   | agent in the State of Milode is | idilo.               |
|---|---|---------------------------------|----------------------|
|   | pose of changing its registered agent in the State of Rhode Island:  2. Exact Name of the Corporation |                                 |                      |
| 001734942 JD  | JD Title Services Inc   |                                 |                      |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |   |                                 |                      |
| Street Address ONE WORTHINGTON ROAD   |   |                                 |                      |
| City/Town CRANSTON  |   | State RHODE ISLAND              | <sup>Zip</sup> 02920 |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  |   |                                 |                      |
| ANTHONY J CALIRI  |   |                                 |                      |
| 5. The address of the <b>NEW</b> registered office is:  |   |                                 |                      |
| Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD  |   |                                 |                      |
| City/Town CRANSTON  |   | State RHODE ISLAND              | <sup>Zip</sup> 02920 |
| 6. The name of the <b>NEW</b> registered agent is:  RALPH J BARBIERI  |   |                                 |                      |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY   |   |                                 |                      |
| ✓ Date received (Upon filing)   |   |                                 |                      |
| Later effective date (Date must be no more than 30 days from the date of filing)  |   |                                 |                      |
| 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. |   |                                 |                      |
| Name of Authorized Officer of the Corporation Date  |   |                                 |                      |
| JOSEPH DESMARAIS  |   |                                 | V 4/10/25            |
| 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 FILED

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BY 0525V