

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

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Statement of Change of Agent

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

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Pursuant to the provisions of RIGL $7-1.2-502$ or $7-1.2-1409$ the undersigned corporation submits t	lhe
following statement for the purpose of changing its registered agent in the State of Rhode Island:	

following statement for the	purpose of changing its registered	agent in the State of Rhode I	sland:		
1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation			
001660180	DriveDigital US Corp.	DriveDigital US Corp.			
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with t	ne RI Department of State:		
Street Address		·			
City/Town		State RHODE ISLAND	Zıp		
4. The name of the regist	ered agent as PRESENTLY shown	in the records on file with the	RI Department of State:		
RES/	GNED				
5. The address of the NE	W registered office is:				
Street Address (NOT a P.O.	Box) 450 Veterans Memorial Parkwa	y, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914		
6. The name of the <b>NEW</b>	registered agent is:	<del></del>			
C T Corporation System					
7. Date when this Statem	ent of Change of Registered Agen	will be effective: CHECK ON	E BOX ONLY		
× Date received (Upor	n filing)				
Later effective date	(Date must be no more than 30 day	ys from the date of filing)	<del></del>		
	I declare and affirm that I have exa statements contained herein are tro		ge of Registered Agent by the		
Name of Authorized Officer of the Corporation			Date		
Marcus Anthony			4/28/2025		
Signature of Authorized (	Officer of the Corporation				
Marcus Anthony					

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 351 f

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