RI SOS Filing Number: 202574374910 Date: 6/9/2025 2:54:00 PM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD 925 JUN 9 PH2:54:52

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

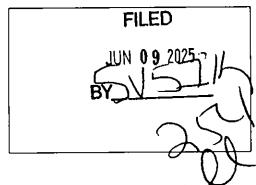
1. Entity ID Number	2. Exact Name of the	Corporation		
000081884	HOME BUYERS WAR	HOME BUYERS WARRANTY CORPORATION		
3. The address of the re	gistered office as PRESENT	LY shown in the records on file with	the RI Department of State:	
Street Address 222 JEFFI	RSON BLVD, STE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4. The name of the regis	tered agent as PRESENTLY	shown in the records on file with the	e RI Department of State:	
CORPORATION SERVICE	E COMPANY			
CORTORATION SERVIC				
5. The address of the NI	EW registered office is:			
5. The address of the Ni	EW registered office is: . Box) 450 Veterans Memorial	Parkway, Suite 7A		
5. The address of the Ni	. Box) 450 Veterans Memorial	Parkway, Suite 7A State RHODE ISLAND	Zip 02914	
5. The address of the NI Street Address (<u>NOT</u> a P.O	. Box) 450 Veterans Memorial		Zip 02914	
5. The address of the NE Street Address (<u>NOT</u> a P.O City/Town East Providence	. Box) 450 Veterans Memorial		Zip 02914	
5. The address of the NE Street Address (NOT a P.O City/Town East Providence 6. The name of the NEW C T Corporation System	. Box) 450 Veterans Memorial		02914	
5. The address of the NE Street Address (NOT a P.O City/Town East Providence 6. The name of the NEW C T Corporation System	. Box) 450 Veterans Memorial I registered agent is: nent of Change of Registere	State RHODE ISLAND	02914	
5. The address of the NE Street Address (NOT a P.O City/Town East Providence 6. The name of the NEW C T Corporation System 7. Date when this Stater X Date received (Upon	. Box) 450 Veterans Memorial I registered agent is: ment of Change of Registere on filing)	State RHODE ISLAND	NE BOX ONLY	
5. The address of the NE Street Address (NOT a P.O City/Town East Providence 6. The name of the NEW C T Corporation System 7. Date when this Stater X Date received (Upon Later effective date Under penalty of perjury	. Box) 450 Veterans Memorial I registered agent is: ment of Change of Registere on filing) (Date must be no more than	State RHODE ISLAND ed Agent will be effective: CHECK Offen 30 days from the date of filing) eave examined this Statement of Cha	NE BOX ONLY	
5. The address of the NE Street Address (NOT a P.O City/Town East Providence 6. The name of the NEW C T Corporation System 7. Date when this Stater X Date received (Upon Later effective date Under penalty of perjury	. Box) 450 Veterans Memorial I registered agent is: ment of Change of Registere on filing) (Date must be no more than I declare and affirm that I he statements contained herein	State RHODE ISLAND ed Agent will be effective: CHECK Offen 30 days from the date of filing) eave examined this Statement of Cha	NE BOX ONLY	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 640 - Revised: 04/2024