F		
	e of Rhode Island the Secretary of State	Fee: \$20.00
	on Of Business Services 48 W. River Street	
Provid	dence RI 02904-2615	
HOPE	(401) 222-3040	
Business Corporation Statement of Change of Registered Agent by the Corporation (Section 7-1.2-502 of the General Laws of Rhode Island, 1956, as amended)		
	SECTION I	
The name of the corporation is SHOVE INSURANCE, INC.		
SECTION II		
The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:		
<u>130 LAMBIE CIRCLE</u> <u>PORTSMOUTH</u> , <u>RI</u> <u>02871</u>		
The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:		
WILLIAM J. HUNT		
SECTION III		
The address of the NEW registered office is:		
No. and Street: <u>7 BEECHWOOD CT</u>		
City or Town: WARREN	State: RI	Zip: <u>02885</u>
The name of the NEW registered agent is:	WILLIAM HUNT JR.	
SECTION IV		
The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on $\frac{1/12/2022}{(a \ date \ not \ prior \ to, \ nor \ more \ than \ 30 \ days \ after, \ filing \ this \ statement)}$		
Signed this 12 Day of January, 2022 at 8:56:36 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.		
WILLIAM HUNT JR. Signature of Authorized Officer of the Corporat	tion	
Form No. 640 Revised 09/07		

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