



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2023 FEB - 7 AM 9:09

Statement of Change of Registered Office
DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

1. Entity ID Number 001668265		2. Exact Name of the Corporation B. MCLANE INSURANCE AGENCY, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2914 POST ROAD SUITE 6			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 994 WILLET AVE			
City/Town RIVERSIDE		State RHODE ISLAND	Zip 02915
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>			
Name of the Registered Agent/Officer of the Corporation BRAD MCLANE			Date 2-1-2023
Signature of the Registered Agent/Officer of the Corporation <i>Brad McLane</i>			

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
FEB 07 2023
BY **AA-9:09**
AM