RI SOS Filing Number: 202343448730 Date: 12/18/2023 3:30:00 PM



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

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Statement of Change of Registered Agent DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL <u>7-6-13</u> or <u>7-6-78</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Corporation		
000029179	SOCIETY OF MAYFLOWER DESCENDANTS IN THE STATE		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
384 WEST ALLENTOWN ROAD			
City/Town NORTH KINGS		RHODE ISLAND	0285Z
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
ALLISON MORRISON			
5. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) SUNSET AVENUE			
City/Town WAKEFLELD		RHODE ISLAND	02879-4125
6. The name of the NEW registered agent is:			
TIMOTHY WLMSCHNEIDER			
The address of the corporation's registered office and the address of the office of its registered agent, as changed, will be identical.			
8. The change was authorized by a resolution duly adopted by its board of directors.			
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 President/Vice President of the Corporation			Date
NANCY E, U			12/13/2023
Signature of President/Vice President of the Corporation			
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MAIL TO:

Division of Business Services

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

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