

**STATE OF NORTH CAROLINA
DEPARTMENT OF THE SECRETARY OF STATE**

**STATEMENT OF CHANGE OF REGISTERED
OFFICE AND/OR REGISTERED AGENT**

Pursuant to §55D-31 of the General Statutes of North Carolina, the undersigned entity submits the following for the purpose of changing its registered office and/or registered agent in the State of North Carolina.

INFORMATION CURRENTLY ON FILE

The name of the entity is: Ameriserv LLC

Entity Type: ☐ Corporation, ☐ Foreign Corporation, ☐ Nonprofit Corporation, ☐ Foreign Nonprofit Corporation,
☒ Limited Liability Company, ☐ Foreign Limited Liability Company ☐ Limited Partnership, ☐ Foreign Limited Partnership,
☐ Limited Liability Partnership, ☐ Foreign Limited Liability Partnership

The street address and county of the entity's registered office currently on file is:

Number and Street: 7985 Fayetteville Rd

City, State, Zip Code: Raleigh, NC 27603 County: Wake

The mailing address if different from the street address of the registered office currently on file is:

8509 Fayetteville Rd, Raleigh, NC 27603

The name of the current registered agent is: Wilson Olivera

NEW INFORMATION

1. The street address and county of the new registered office of the entity is:
 (complete this item only if the address of the registered office is being changed)

Number and Street: _____

City, State, Zip Code: _____ County: _____

2. The mailing address if different from the street address of the new registered office is:
 (complete this item only if the address of the registered office is being changed)

3406 Tuckland Dr, Raleigh, NC 27610

3. The name of the new registered agent and the new agent's consent to appointment appears below:
 (complete this item only if the name of the registered agent is being changed)

 Type or Print Name of New Agent

 * Signature & Title

4. The address of the entity's registered office and the address of the business office of its registered agent, as changed, will be identical.

5. This statement will be effective upon filing, unless a date and/or time is specified: _____

This is the _____ day of _____, 20____.

Ameriserv LLC

Entity Name

Wilson Olivera

Signature

WILSON OLIVERA President

Type or Print Name and Title

Notes: Filing fee is \$5.00. This document must be filed with the Secretary of State.