

## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00

Pursuant to the provisions	of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u>	the undersigned corporation su	ibmits the   T	
	purpose of changing its registere			
1. Entity ID Number	2. Exact Name of the Corpo	2. Exact Name of the Corporation		
001070279	Copper & Kings American Bra	Copper & Kings American Brandy Company		
3. The address of the reg	istered office as PRESENTLY sh	own in the records on file with t	he RI Department of State:	
Street Address 222 JEFFE	RSON BOULEVARD, SUITE 200			
City/Town WARWICK		State RHODE ISLAND	Zip 02888	
4. The name of the regist	ered agent as PRESENTLY show	n in the records on file with the	RI Department of State:	
INCORP SERVICES, INC.				
5. The address of the NE	W registered office is:			
Street Address (NOT a P.O.	Box) 450 Veterans Memorial Parkw	ray, Suite 7A		
City/Town East Providence		State RHODE ISLAND	Zip 02914	
6. The name of the NEW	registered agent is:			
C T Corporation System				
7. Date when this Staten	nent of Change of Registered Age	nt will be effective: CHECK ON	IE BOX ONLY	
× Date received (Upo			- <del>-</del>	
Later effective date	(Date must be no more than 30 d	ays from the date of filing)		
Under penalty of perjury, Corporation, and that all	I declare and affirm that I have e statements contained herein are	xamined this Statement of Chai true and correct.	nge of Registered Agent by the	
Name of Authorized Office			Date	
Barbara J. LaVerdi			00 29, 2020	
Signature of Authorized	Officer of the Corporation			
Band	Starled:			

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 C. AMP

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BY CUYKCDA