Filing Fee: \$20.00

ID Number: <u>11244</u>



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

**BUSINESS CORPORATION** 

## STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its

reg	egistered office in the state of knode Island:	
1.	. The name of the corporation is MINERAL SPRIM	NG LIQUOR, INC.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  1005 Mineral Spring Avenue, North Providence, RI 02904	
3.	The address of the NEW registered office is: 1005 Mineral Spring Avenue, North Providence, RI 02904 (same)	
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  Evelyn Saccoccia	
5.	The name of the NEW registered agent is:  John F. Saccoccia	
	6. 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	not prior to, nor more than 30 days after, filing this statement)
		Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.
Dat	ate: December 2, 2014	- de Floureira
		Signature Authorized Officer of the Corporation  John F. Saccoccia
		Type or Print Name of Authorized Officer
	FILED	

Form No. 640 Revised: 12/05 1.05p.m.