



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

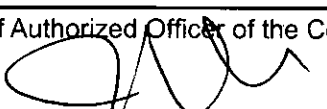
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 MAY -3 PM 2: 56

Statement of Change of Registered Agent
Business Corporation

Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Corporation	
000543579		LA STRADA WOOD FIRED PIZZA, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 770 MOONSTONE BEACH ROAD			
City/Town WAKEFIELD		State RHODE ISLAND	Zip 02879
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 920 MATUNUCK BEACH ROAD			
City/Town WAKEFIELD		State RHODE ISLAND	Zip 02879
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
NICHOLAS T. SCHNEIDER			
6. The name of the NEW registered agent is:			
JENNIFER L. OLBRICH			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
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 Authorized Officer of the Corporation JENNIFER L. OLBRICH			Date 5/2/2016
Signature of Authorized Officer of the Corporation 			SIGN DOCUMENT HERE

FILED

MAY 03 2016

By 273490
A.A. 2:58 p.m.