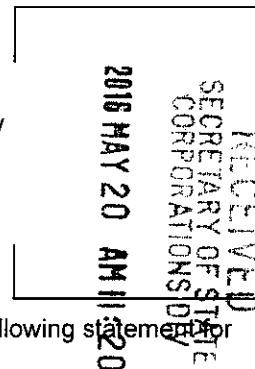




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

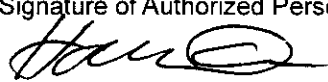
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**Statement of Change of Resident Agent
Limited Liability Company**

Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
001336369		MA Hawa African Market LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 306 Cranston St			
City/Town Prov RI 02907		State RHODE ISLAND	Zip 02907
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 306 Cranston St			
City/Town Prov		State RHODE ISLAND	Zip 02907
5. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Gerald Briggs			
6. The name of the NEW resident agent is:			
Hawa MYERS			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ 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 Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company			Date
Hawa MYERS			5/20/16
Signature of Authorized Person of the Limited Liability Company			
 SIGN DOCUMENT HERE			

11:20 AM
FILED
MAY 20 2016
By 274778
jam