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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

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2016 MAY 26 PM 2:56

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
881223	Delsie Catering & Events LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
3288 Post Road		
City/Town: Warwick	State: **RHODE ISLAND**	Zip: 02886

4. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
691 Main Street		
City/Town: Warren	State: **RHODE ISLAND**	Zip: 02885

5. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Rhode Island Center For Law And Public Policy Inc.

6. The name of the **NEW** resident agent is:

Kevin Shakespeare

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
Kevin Shakespeare	5/26/2016

Signature of Authorized Person of the Limited Liability Company

SIGN DOCUMENT HERE

FILED
MAY 26 2016
By [signature]
A.A. 2:58PM

Form No. 642
Revised: 2016
137407-2-1131113