



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 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 | | | |
| <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 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 275215
A.A. 2:52pm