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

R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 APR -6 AM 11:05
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# Statement of Change of Registered Office

DOMESTIC or FOREIGN ~~Business Corporation~~ LLC

→ No Filing Fee

7-16-11

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~~ LLC |
|---|---|
| **1029385** | **Frozen Deserts, LLC.** |

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

| Street Address | | | |
|---|---|---|---|
| **1 Ship Street** | | | |
| City/Town **Providence** | State **RHODE ISLAND** | Zip **02903** | |

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

| Street Address (NOT a P.O. Box) | | |
|---|---|---|
| **116 Orange Street** | | |
| City/Town **Providence** | State **RHODE ISLAND** | Zip **02903** |

5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the day of filing) _____

6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).

*Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.*

| Name of the Registered Agent/Officer of the ~~Corporation~~ LLC | Date |
|---|---|
| **Stephen M. Litwin, Esquire** | 3-28-17 |

Signature of the Registered Agent/Officer of the Corporation

Stephen M. Litwin

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED**
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FORM 640A - Revised: 01/2017

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