

## **Statement of Change of Agent**

**DOMESTIC** or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of F following statement for the pur					
1. Entity ID Number	2. Exact Name of the Corporation				
000505971	EMELY PARTY STORE & BAKERY, LLC				
3. The address of the registe	red office as PRESENTLY sho	wn in the records on file with t	he RI Departmen	t of State:	
Street Address 162 BROAD ST	REET				
City/Town PAWTUCKET		State RHODE ISLAND	Zip <b>02860</b>		
4. The name of the registered	agent as PRESENTLY showr	in the records on file with the	RI Department o	of State:	
EUFROSINA PACHECO				<b>5.3</b>	
5. The address of the <b>NEW</b> registered office is:				= =	<del>-</del>
Street Address (NOT a P.O. Box) 861 RESERVOIR AVENUE				90.5 S	
City/Town CRANSTON		State RHODE ISLAND	Zip <b>02910</b>	<b>8</b> 400 000 000 000 000 000 000 000 000 00	
6. The name of the <b>NEW</b> regi	stered agent is:			HI:	등
TAXPLUS, LLC				ယ္အ ်	H
7. Date when this Statement	of Change of Registered Agent	will be effective: CHECK ONI	LY ONE BOX	<b>保证</b>	
Date received (Upon filin	g)				
Later effective date (Date	e must be no more than 90 day	s from the day of filing)			
	clare and affirm that I have exa ments contained herein are tru		ge of Registered	Agent by the	1
Name of Authorized Officer of the Corporation			Date		
JUANA ROSARIO			08/16/2017		
Signature of Authorized Office	r of the Corporation				
X	SIGN DOCI	JMENT HERE			

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:38 FILED STAMP AUG 28 2017 BY\_M\_3/1/63