Statement of Change of Agent

DOMESTIC or EOREIGN 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 pur	pose of changing its resident a	gent in the State of Rhode Isla	and:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001667357	BAY TREE CAFE, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 535 ATWOOD AVENUE, SUITE 4			
City/Town CRANSTON		State RHODE ISLAND	^{Zip} 02920
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
LAW OFFICES OF RICHARD PALUMBO, LLC			
5. The address of the NEW resident office is.			
Street Address (NOT a P.O. Box) 1031 PLAINFIELD STREET			
City/Town JOHNSTON		State RHODE ISLAND	^{Zip} 02919
6. The name of the NEW resident agent is:			
LAURENCE TILL			
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)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
LAURENCE TILL			10/20/2017
Signature of Authorized Person of the Limited Liability Company SIGN DOCUMENT 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 11:37 AVM

FILED

OCT 2 3 2017

BY 315507