



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

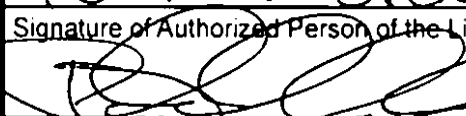
Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED
RI. DEPT. OF STATE
BUS SVCS DIV
2017 OCT 31 AM 11:32

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 office in the State of Rhode Island:

1. Entity ID Number 001663974		2. Exact Name of the Limited Liability Company Consumer Staples and Replenishment LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 349 Boulevard			
City/Town Middletown		State RHODE ISLAND	Zip 02842
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 349 Boulevard / P.O. Box 29207			
City/Town Middletown / Providence		State RHODE ISLAND	Zip 02842 / 02909
5. 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 Patrick Greichem			Date 10/31/17
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

FILED

11:32

OCT 31 2017

BY  316306