



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

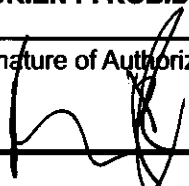
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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Statement of Change of Agent

DOMESTIC or FOREIGN 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 001678199	2. Exact Name of the Limited Liability Company JBSR ENTERPRISES LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: 70 SLATER DRIVE			
City/Town HARRISVILLE	State RHODE ISLAND	Zip 02830	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: UNITED STATES CORPORATION AGENTS, INC.			
5. The address of the NEW resident office is: Address (NOT a P.O. Box) 222 JEFFERSON BLVD., SUITE 200			
City/Town WARWICK	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: ADRIEN P. ROBIDOUX			
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) _____			
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 ADRIEN P. ROBIDOUX		Date 11/14/17	
Signature of Authorized Person of the Limited Liability Company 			

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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BY 31771
 A.A. 10:04 A.M.
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