



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

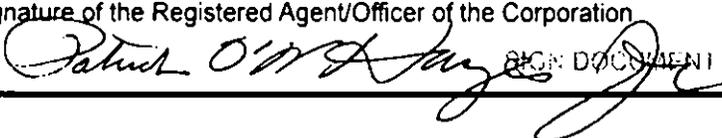
RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. Entity ID Number<br><b>62956</b>  |                              | 2. Exact Name of the Corporation<br><b>Sweet Berry Farm Farm Incorporated</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |                              |   |  |
| Street Address <b>31 America's Cup Avenue</b>  |                              |   |  |
| City/Town<br><b>Newport</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02840</b>   |  |
| 4. The address of the <b>NEW</b> registered office is:   |                              |   |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>43 Memorial Blvd, Second Floor</b>  |                              |   |  |
| City/Town<br><b>Newport</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02840</b>   |  |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>  |                              |   |  |
| <input type="checkbox"/> Date received (Upon filing)   |                              |   |  |
| <input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <b>May 1, 2018</b>  |                              |   |  |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).  |                              |   |  |
| <i>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.</i> |                              |   |  |
| Name of the Registered Agent/Officer of the Corporation<br><b>Patrick O'N. Hayes, Jr.</b>  |                              | Date<br><b>April 5, 2018</b>  |  |
| Signature of the Registered Agent/Officer of the Corporation<br><br>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**

APR 27 2018

BY A.A. 11:20 AM