RI SOS Filing Number: 201870550930 Date: 6/25/2018 12:47:00 PM

State of Shada Island and Bravidana Blastations			
State of Rhode Island and Providence Plantations  Department of State - Business Services Division			
Statement of Change DOMESTIC or FOREIGN  → Filing Fee: \$20.00			SECRETARY CORPORATION 25 P
Pursuant to the provisions of R following statement for the pur	pose of changing its registered	agent in the State of Rhode Is	bmits the sland:
1. Entity ID Number 2. Exact Name of the Corporation			<b>+</b> [T]
000131608	The Barn Yard Enterprises, Inc		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 659 C SuccotAsh Road			
City/Town WAYLIFIELD.		State RHODE ISLAND	zip D0879
4. The name of the registered $\bigvee \bigcap \bigcap \bigcap \bigcap$	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
5. The address of the NEW re			
Street Address (NOT a P.O. Box)	535 Atwood Ave, Suite 4		
City/Town Cranston		State RHODE ISLAND	Zip 02920
6. The name of the <b>NEW</b> regis	stered agent is:	-	
Law Offices of Richard Palumbo, LLC			
7. Date when this Statement of	of Change of Registered Agent	will be effective: CHECK ONE	BOX ONLY
Date received (Upon filin	g)		
Later effective date (Date	e must be no more than 30 day	s from the date of filing)	
Under penalty of perjury, I dec Corporation, and that all state	clare and affirm that I have examents contained herein are tru	mined this Statement of Change and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Everett Skinner IV			6/25/18
Signature of Authorized Office	or of the Corporation		<u> </u>

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** 

JUN 2 5 2018

FORM 640 - Revised: 04/2018