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

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CORPORATIONS DIV
2018 AUG 10 AM 11:30

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	2. Exact Name of the Limited Liability Company
001664019	COFFEE PATHWAY, LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
1420 Mendon Road		
City/Town: CUMBERLAND	State: **RHODE ISLAND**	Zip: 02864

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

MICHELLE D. BAKER, ESQ.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
250 BULLOCKS POINT AVE		
City/Town: RIVERSIDE	State: **RHODE ISLAND**	Zip: 02915

6. The name of the **NEW** resident agent is:

BRIAN DWIGGINS

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date 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	Date
BRIAN DWIGGINS	8/07/2018

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
AUG 10 2018
BY KL 336722
11:30

STAMP

FORM 642 - Revised: 11/2017