



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

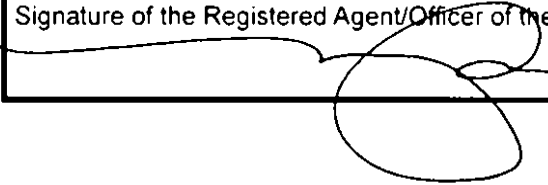
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 AUG 21 PM 1:54

### 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>1683897</b>   |  | 2. Exact Name of the Corporation<br><b>CoFo Organics LLC</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<br><b>881 Main St</b>  |  |  |                           |
| City/Town<br><b>Pawtucket</b>   |  | State<br><b>RHODE ISLAND</b>                                 | Zip<br><b>02860</b>       |
| 4. The address of the <b>NEW</b> registered office is:  |  |  |                           |
| Street Address (NOT a P.O. Box)<br><b>7 Dunne Lane / PO BOX 242</b>   |  |  |                           |
| City/Town<br><b>Pawtucket</b>   |  | State<br><b>RHODE ISLAND</b>                                 | Zip<br><b>02860</b>       |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>   |  |  |                           |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |  |  |                           |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____   |  |  |                           |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).   |  |  |                           |
| 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. |  |  |                           |
| Name of the Registered Agent/Officer of the Corporation<br><b>Nanshunn Bing</b>   |  |  | Date<br><b>8/21/18</b>    |
| Signature of the Registered Agent/Officer of the Corporation<br>                               |  |  | <b>SIGN DOCUMENT HERE</b> |

**FILED**

**AUG 21 2018**

**BY**

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)