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

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CORPORATIONS DIV
2018 SEP 12 PM 12:47

# 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 |
|---|---|
| 001663434 | Slow Molasses, LLC |

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

| Street Address | | |
|---|---|---|
| 166 School Street | | |
| City/Town: Forestdale | State: **RHODE ISLAND** | Zip: 02824 |

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

Sherry Daignault

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

| Street Address (NOT a P.O. Box) | | |
|---|---|---|
| 96 Suddard Lane | | |
| City/Town: North Scituate | State: **RHODE ISLAND** | Zip: 02857 |

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

Lisa Foist

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 |
|---|---|
| Lisa Foist | 9/03/2018 |

Signature of Authorized Person of the Limited Liability Company

Lisa Foist

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

12:47 **FILED**
SEP 12 2018
BY

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