



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

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 CORPORATIONS DIV
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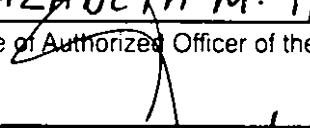
Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

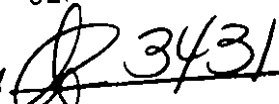
→ Filing Fee: \$20.00

7-16-11

Pursuant to the provisions of RIGL _____ he undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 788545	2. Exact Name of the Corporation Bona-Fido, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 5 FORT HILL ROAD			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: ELIZABETH M. TANNER, ESQ.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 1220 Chopmist Hill Rd			
City/Town North Scituate	State RHODE ISLAND	Zip 02857	
6. The name of the NEW registered agent is: Cheryl Cunha			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation ELIZABETH M. TANNER, ESQ.			Date 08/25/18
Signature of Authorized Officer of the Corporation 			

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

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