



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

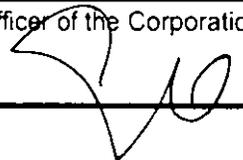
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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 19 AM 9:50

**Statement of Change of Agent**

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

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL **7-16-11** the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

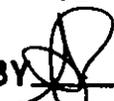
1. Entity ID Number <b>796576</b>	2. Exact Name of the Corporation <b>The Veiled Crow, LLC</b>		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>5 FORT HILL ROAD</b>			
City/Town <b>BRISTOL</b>	State <b>RHODE ISLAND</b>	Zip <b>02809</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>ELIZABETH M. TANNER, ESQ.</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>6 State St.</b>			
City/Town <b>Warren</b>	State <b>RHODE ISLAND</b>	Zip <b>02885</b>	
6. The name of the NEW registered agent is: <b>Joe Farmer</b>			
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 <b>ELIZABETH M. TANNER, ESQ.</b>			Date <b>08/25/18</b>
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

**FILED**

SEP 19 2018

BY  3431  
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