



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 20 AM 11:42

Statement of Change of Agent ^{office}

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~ no fee

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 000788699		2. Exact Name of the Limited Liability Company DEEPLY KNEADED RI, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 194 LOGEE ST, APT 1			
City/Town WOONSOCKET		State RHODE ISLAND	Zip 02895
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: CHAD ROMBLAD			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 63 EDDIE DOWLING HIGHWAY, SUITE 6			
City/Town N SMITHFIELD		State RHODE ISLAND	Zip 02896
6. The name of the NEW resident agent is: CHAD ROMBLAD			
7. Date when this Statement of Change of Resident 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 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 GINA ROMBLAD, LCMT			Date 9/17/2018
Signature of Authorized Person of the Limited Liability Company  LCMT 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

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 20, 2018 11:42 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

