



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



**Statement of Change of Agent ADDRESS**  
 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 <b>796350</b>		2. Exact Name of the Limited Liability Company <b>OCEAN STATE ENDEAVORS, LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>22 UNIVERSITY AVENUE</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02906</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>THOMAS P. O'BRIEN</b>			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>24 PRESCOTT HALL ROAD</b>			
City/Town <b>NEWPORT</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
6. The name of the NEW resident agent is: <b>THOMAS P. O'BRIEN</b>			
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 90 days from the date of filing) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <b>THOMAS P. O'BRIEN</b>			Date <b>03/12/19</b>
Signature of Authorized Person of the Limited Liability Company <i>[Handwritten Signature]</i>			
SIGN DOCUMENT HERE			

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2019 MAR 8 PM 12:00

**FILED**

MAR 18 2019

BY *A.A. 12:05 p.m.*

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



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:

March 18, 2019 12:05 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

