



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

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 DEPARTMENT OF STATE
 CORPORATION DIVISION
 2019 MAR 25 AM 11:24

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Limited Liability Company~~
Corporation

→ Filing Fee: \$20.00

7-12-508

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 100621	2. Exact Name of the Limited Liability Company <i>Corporation</i> Cockeast Fisheries, Inc.
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 2354 Main Road	
City/Town Tiverton	State RHODE ISLAND
Zip 02878	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Jack F. Bertherman	
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 1481 Wampanoag Trail	
City/Town East Providence	State RHODE ISLAND
Zip 02915	
6. The name of the NEW resident agent is: Bruce H. Cox	
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) _____	
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 <i>Corporation</i> Charles R. Borden	Date 3/18/19
Signature of Authorized Person of the Limited Liability Company <i>Corporation</i> 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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STAMP
 DEPARTMENT OF STATE
 CORPORATION DIVISION