RI SOS Filing Number: 201902865050 Date: 7/9/2019 11:57:00 AM



Statement of Change of Agent				STAMP	
OOMESTIC or FOREIGN Business Corporation  → Filing Fee: \$20.00				DECRETA CORPOR	
•		the undersigned corporation su d agent in the State of Rhode h	1	CEIVI RY ON ATION	
Entity ID Number	2. Exact Name of the Corporation $\frac{\partial}{\partial x} \frac{\partial}{\partial x} $				
000975009	JUUL Labs, Inc.			: 57	
3. The address of the register	ed office as PRESENTLY sho	own in the records on file with the	he RI Departm	nent of State:	
Street Address 222 Jefferson Bo	oulevard, Suite 200,				
City/Town Warwick		State RHODE ISLAND	Zip 02888		
4 The name of the registered	agent as PRESENTLY show	n in the records on file with the	RI Departme	nt of State:	
Incorp Services, Inc.					
5. The address of the NEW re	egistered office is:				
Street Address (NOT a PO. Box	450 Veterans Memorial Parkwa	ay, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914		
6. The name of the <b>NEW</b> regi	stered agent is:	- <del></del>			
C T Corporation System					
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY					
X Date received (Upon filing	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Later effective date (Dat	e must be no more than 30 da	ays from the date of filing)			
	clare and affirm that I have exements contained herein are tr	amined this Statement of Char rue and correct.	nge of Registe	red Agent by the	
Name of Authorized Officer of the Corporation			Date		
Leslie Martin; Secretary			7/8/2019		
Signature of Authorized Office	er of the Corporation				
- LA	SIGN DOC	CUMENT 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

