

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2019 OCT -1 P 2: 12

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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| Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island: |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Entity ID Number     2. Exact Name of the Corporation                                                                                                                                                               |                               |
| 00/670344 Frozen Inc                                                                                                                                                                                                |                               |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:                                                                                                  |                               |
| Street Address 1536 West miNster Street  City/Town Providence State RHODE ISLAND Zip Dagage                                                                                                                         |                               |
|                                                                                                                                                                                                                     |                               |
| 4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:                                                                                                      |                               |
| Paul F. Waldman                                                                                                                                                                                                     |                               |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                                              |                               |
| Street Address (NOT a P.O. Box) 1 W. + Of a LANL  City/Town R: Amoud State RHODE ISLAND Zip 02898                                                                                                                   |                               |
| City/Town Richmond                                                                                                                                                                                                  | State RHODE ISLAND Zip Q 2898 |
| 6. The name of the <b>NEW</b> registered agent is:  Michael 6 (AMeli                                                                                                                                                |                               |
| 7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY                                                                                                                     |                               |
| ☑ Date received (Upon filing)                                                                                                                                                                                       |                               |
| 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  Date  10/1/19                                                                                                                                                        |                               |
| Signature of Authorized Officer of the Corporation Signature of Authorized Officer of the Corporation 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 -

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