



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing 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 office **ONLY** in the State of Rhode

|                                                                                                                                                                                                                  |                              |                                                                              |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><b>001681860</b>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><b>Three Bags Full LLC</b> |                          |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                          |                              |                                                                              |                          |
| Street Address<br><b>40 STONE RIDGE ROAD</b>                                                                                                                                                                     |                              |                                                                              |                          |
| City/Town<br><b>CUMBERLAND</b>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02864</b>                                                          |                          |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                              |                          |
| Street Address (NOT a P.O. Box)<br><b>80 FISHER ROAD, UNIT 40</b>                                                                                                                                                |                              |                                                                              |                          |
| City/Town<br><b>CUMBERLAND</b>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02864</b>                                                          |                          |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                              |                                                                              |                          |
| <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 Office by the Limited Liability Company, and that all statements contained herein are true and correct. |                              |                                                                              |                          |
| Name of Authorized Person of the Limited Liability Company<br><b>Roberta C Sproul</b>                                                                                                                            |                              |                                                                              | Date<br><b>10/3/2019</b> |
| Signature of Authorized Person of the Limited Liability Company<br><b>Roberta C Sproul</b> SIGN DOCUMENT HERE                                                                                                    |                              |                                                                              |                          |

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
2019 OCT - 7 P 1:24

**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**  
OCT 7 2019  
BY **[Signature]** 124



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:

October 07, 2019 01:24 PM

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*

