Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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:

1. Entity ID Number	2. Exact Name of the Corporation		
000011657	EAT OR OUT	EAT OR OUT, INC.	
3. The address of the reg	istered office as PRESENTI	LY shown in the records on file with t	he RI Department of State:
Street Address 155 South	Main Street, Suite 405	-	
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the regist	ered agent as PRESENTLY	shown in the records on file with the	RI Department of State:
Boisseau & Dean LLP			
5. The address of the NE			
Street Address (NOT a P.O.	Box) 116 Orange Street		
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the NEW	registered agent is:	•	
Marc A. Greenfield			
7. Date when this Statem	ent of Change of Registere	d Agent will be effective: CHECK ON	E BOX ONLY
Date received (Upor	n filing)		
Later effective date	(Date must be no more thar	n 30 days from the date of filing)	
	I declare and affirm that I ha statements contained hereir	ave examined this Statement of Char n are true and correct.	nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Joshua B. Miller			1.14.2020
Signature of Authorized (Officer of the Corporation	alex Class	

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

JAN 15 2020

STAMP

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