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:

2020 FEB 26 AM II	SECRETARY OF S CORPORATIONS
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1. Entity ID Number	· .	2. Exact Name of the Corporation		
1683954	Pioneer Pizza, LLC			
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:	
Street Address 480 Log R	load		•	
City/Town Smithfield		State RHODE ISLAND	Zip 02917	
4. The name of the regist	ered agent as PRESENTLY shows	n in the records on file with the	RI Department of State:	
Larry Wise				
5. The address of the NE				
Street Address (NOT a P.O.	Box) 1279 Post Road			
City/Town Warwick		State RHODE ISLAND	Zip 02888	
6. The name of the NEW	registered agent is:			
Heidi LePore				
7. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ONE	E BOX ONLY	
Date received (Upor	n filing)			
Later effective date	(Date must be no more than 30 day	ys from the date of filing)		
	I declare and affirm that I have exa statements contained herein are tro		ge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Heidi LePore, Sole Member			2/21/20	
Signature of Authorized C	1 - 1		/ /	
	SIGNIDI	UMENT HERE		
	10-14			

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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