



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SCS DIV

2020 MAR 13 P 3:24

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

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→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001670692		2. Exact Name of the Limited Liability Company OCEANGROWN FARMS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 1301 ATWOOD AVENUE, SUITE 215N			
City/Town JOHNSTON		State RHODE ISLAND	Zip 02919
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: BENJAMIN L. RACKLIFFE, ESQ			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 60 PITMAN STREET #2			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02906
6. The name of the NEW resident agent is: BRIAN MCENANY			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company BRIAN MCENANY			Date 3/13/20
Signature of Authorized Person of the Limited Liability Company B.P.M.E. SIGN DOCUMENT 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

FILED STAMP

MAR 13 2020

BY **an BMANP**

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FORM 642 - Revised: 07/2016