

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

2028 MAY -4 PM 1: 00

FOR STURNIARY OF STATE USE ONLY

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

		dersigned limited liability company subm s resident agent in the State of Rhode Isl		
1. Entity ID Number	2. Exact Name of t	2. Exact Name of the Limited Liability Company		
698573	K AND S D	K AND S DISTRIBUTORS, L.L.C.		
3. The address of the res	ident office as PRESEN	TLY shown in the records on file with the	RI Department of State:	
Street Address ONE RICH	MOND SQUARE STE 1	25B		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02 906	
4. The name of the reside	ent agent as PRESENTL	Y shown in the records on file with the R	I Department of State:	
REGISTERED AGENTS	INC.	•		
5. The address of the NE				
Street Address (NOT a P.O.	Box) 189 CAMERON S	TREET		
City/Town PAWTUCKET	* •	State RHODE ISLAND	^{Zıp} 02861	
6. The name of the NEW	resident agent is:			
MARYANN KELLY				
7. Date when this Statem	ent of Change of Reside	ent Agent will be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upor	n filing) .			
Later effective date	(Date must be no more t	than 90 days from the date of filing)		
Under penalty of perjury, Limited Liability Company	I declare and affirm that y, and that all statement	I have examined this Statement of Char s contained herein are true and correct.	nge of Resident Agent by the	
Name of Authorized Person of the Limited Liability Company			Date	
STEVEN KAPLAN			05/04/2020	
Signature of Authorized F	Person of the Limited Lia	ability Company	<u> </u>	

SIGN DOCUMENT HERL

MAIL TO:

ţ.

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

MAY 04 2020

KL PT7FS

STAMP

3 O A BECOTTO NAMED A STATE LBL ON