



State of Rhode Island
 Department of State - Business Services Division

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 BUS SVCS DIV
 2020 SEP 10 AM 8:33

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation
 → Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 000161432		2. Exact Name of the Corporation Cafeteria Concepts Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1536 Westminster Street			
City/Town Providence		State RHODE ISLAND	Zip 02909
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: David Valetta			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 25 Kenwood Ave.			
City/Town Wakefield		State RHODE ISLAND	Zip 02879
6. The name of the NEW registered agent is: Daniel O'Dowd			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Daniel O'Dowd			Date 9/9/20
Signature of Authorized Officer of the Corporation 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY Ch PHQP