



REGISTERED STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 SEP 30 PM 12:47

Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

7-16-11

Pursuant to the provisions of RIGL ~~7-1-2-592 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 7978166	2. Exact Name of the Corporation LLC Medical Cannabis Consultants LLC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 771 POST ROAD	
City/Town WAKEFIELD	State RHODE ISLAND Zip 02879
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Christopher Sands	
5. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) 17 Columbia St. 17 Columbia St.	
City/Town Wakefield	State RHODE ISLAND Zip 02879
6. The name of the NEW registered agent is: Jordan Carlson JORDAN CARLSON	
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) _____	
<i>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.</i>	
Name of Authorized Officer of the Corporation Jordan Carlson LLC	Date 9/27/2020
Signature of Authorized Officer of the Corporation LLC	

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

SEP 30 2020
 BY **ZEXAM6**
 AA-12:47pm.