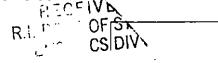
RI SOS Filing Number: 202065217980 Date: 10/15/2020 3:18:00 PM



State of Rhode Island

Department of State - Business Services Division



2070 OCT 15 P 3:13.

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

•	RIGL <u>7-16-11</u> the undersigned lipose of changing its resident a	• • •	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001681273	Skipper's Mates LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 130 Bellevue Ave.			
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Adam H. Thayer, ESQ.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 161 Willow Lane			
City/Town Portsmouth		RHODE ISLAND	Zip 02871
6. The name of the NEW resident agent is:			
Scott Hallman			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date 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			Date
Scott Hallman			10/09/2020
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

Division of Business Services

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

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

