



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUSINESS SERVICES DIVISION

2020 OCT 15 P 3:18.

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ 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 001681273	2. Exact Name of the Limited Liability Company Skipper's Mates LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:		
Street Address 130 Bellevue Ave.		
City/Town Newport	State <b>RHODE ISLAND</b>	Zip 02840
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Adam H. Thayer, ESQ.		
5. The address of the <b>NEW</b> resident office is:		
Street Address (NOT a P.O. Box) 161 Willow Lane		
City/Town Portsmouth	State <b>RHODE ISLAND</b>	Zip 02871
6. The name of the <b>NEW</b> resident agent is: Scott Hallman		
7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> 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 Scott Hallman		Date 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

**FILED**

OCT 15 2020

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BY