



State of Rhode Island
Department of State - Business Services Division

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2020 DEC -8 AM 9:48

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation LLC

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL ~~7-12-892~~ or ~~7-12-1497~~ ⁷⁻¹⁶ 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 0016879 <u>0016879</u> 41 <u>41</u>		2. Exact Name of the Corporation <u>freshconn, LLC</u>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <u>313 Capitol Avenue</u> <u>39 Belmont Ave</u>			
City/Town <u>Waterbury</u> <u>Providence</u>		State RHODE ISLAND	Zip <u>0670502908</u>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <u>Patrick Strause</u>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <u>730 Pontiac Avenue</u>			
City/Town <u>Cranston</u>		State RHODE ISLAND	Zip <u>02910</u>
6. The name of the NEW registered agent is: <u>Patrick Stlaus</u>			
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 <u>Brandon Monti</u>			Date <u>12/05/2020</u>
Signature of Authorized Officer of the Corporation <u>[Signature]</u>			

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 CM 9:48



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 08, 2020 09:48 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

