



State of Rhode Island
Department of State - Business Services Division

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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 000020997	2. Exact Name of the Corporation PORTION MEAT ASSOCIATES, INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 356 VALLEY STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: GARRY MARSHALL			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 356 VALLEY STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
6. The name of the NEW registered agent is: JOHN KELLY			
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 " Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation JOHN KELLY		Date 1/21/2021	
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

STAMP
 FILED
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