



State of Rhode Island

Department of State - Business Services Division

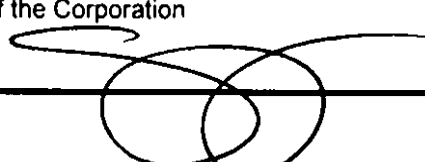
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 FEB 10 PM 2:42

**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<br>000786352                                                                                                                                                                    | 2. Exact Name of the Corporation<br>Hawaiian Jim's Shave Ice & Co. II |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                                                                       |                    |
| Street Address 17 Narragansett Avenue (W)                                                                                                                                                           |                                                                       |                    |
| City/Town Wakefield                                                                                                                                                                                 | State <b>RHODE ISLAND</b>                                             | Zip 02879          |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Michael T. Brady, Esq.                                                     |                                                                       |                    |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                                                                       |                    |
| Street Address ( <u>NOT</u> a P.O. Box) 144 Greystone Ter                                                                                                                                           |                                                                       |                    |
| City/Town Portsmouth                                                                                                                                                                                | State <b>RHODE ISLAND</b>                                             | Zip 02871          |
| 6. The name of the <b>NEW</b> registered agent is:<br>Scott C. Naso                                                                                                                                 |                                                                       |                    |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____                                                                                     |                                                                       |                    |
| 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. |                                                                       |                    |
| Name of Authorized Officer of the Corporation<br>Scott C. Naso                                                                                                                                      |                                                                       | Date<br>02/03/2021 |
| Signature of Authorized Officer of the Corporation<br>                                                           |                                                                       |                    |

**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**

FEB 10 2021

BY cu 9CEEX

2:42