



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company


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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 <b>001668189</b>		2. Exact Name of the Limited Liability Company <b>Cake on the Ocean, LLC</b>	
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 <b>38 Bellevue Avenue, Suite H</b>			
City/Town <b>Newport</b>	State <b>RHODE ISLAND</b>	Zip <b>02840</b>	
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Steven M. McInnis</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>One Richmond Square, STE 125B</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02906</b>	
6. The name of the <b>NEW</b> resident agent is: <b>Registered Agents Inc.</b>			
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 <b>Nicholas Fiorillo</b>			Date <b>2/25/2021</b>
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

FILED

## 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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