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 2021 MAY 14 PM 1:07

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company **ADDREN**

→ Filing Fee: ~~\$20.00~~ **no fee**

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 000484902		2. Exact Name of the Limited Liability Company Chipster, 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 17 Gosnold Road			
City/Town North Kingstown		State <b>RHODE ISLAND</b>	Zip 02852
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Carol E. Marsocci			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 211 Babcock Road			
City/Town North Kingstown		State <b>RHODE ISLAND</b>	Zip 02852
6. The name of the <b>NEW</b> resident agent is: Carol E. Marsocci			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Carol E. Marsocci			Date 5/11/21
Signature of Authorized Person of the Limited Liability Company <i>Carol E. Marsocci</i>			

**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**  
 MAY 14 2021  
 BY A.A. 1:07 PM  
 STAMP

*642A.*