



State of Rhode Island

Department of State - Business Services Division

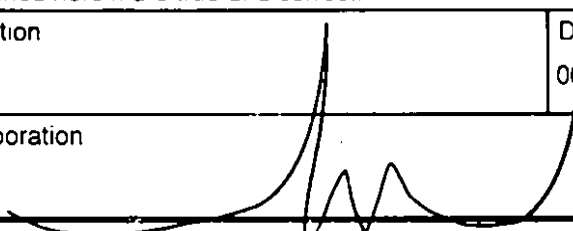
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL -2 PM 12:00

**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 <b>95548</b>		2. Exact Name of the Corporation <b>Sunny Market Place, Inc.</b>	
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 <b>310 Reservoir Ave</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02907</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>David R Bolton</b>			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>185 Salem Avenue</b>			
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02907</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Sophalla Yin</b>			
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) _____			
<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 <b>Sophalla Yin</b>		Date <b>06/23/2021</b>	
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

**FILED**

JUL 02 2021

BY **T. H. A. 9**  
**A.A. 12:00pm.**

FORM 640 - Revised 08/2020