



State of Rhode Island

Department of State - Business Services Division

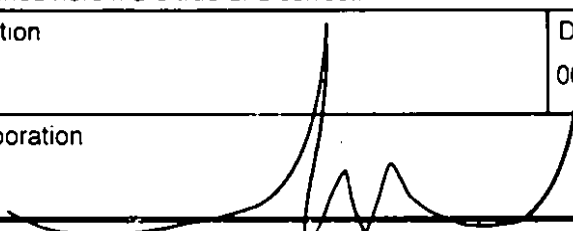
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL -2 PM 12:00

**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<br><b>95548</b>                                                                                                                                                                 |  | 2. Exact Name of the Corporation<br><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:<br><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:<br><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) _____                                                                                     |  |                                                                     |                           |
| 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><b>Sophalla Yin</b>                                                                                                                                |  |                                                                     | Date<br><b>06/23/2021</b> |
| Signature of Authorized Officer of the Corporation<br>                                                          |  |                                                                     |                           |

**MAIL TO:**

Division of Business Services

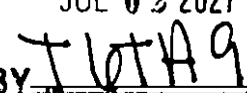
148 W. River Street, Providence, Rhode Island 02904-2615

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

JUL 02 2021

BY   
A.A. 12:00pm  
FORM 640 - Revised 08/2020