



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

7-16

Pursuant to the provisions of RIGL ~~7-1.2-302~~ 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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 AUG -4 PM 12:51
 STAMP

1. Entity ID Number 934141		2. Exact Name of the Corporation Cool Licks, LLC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 4808 Smith Street 535 Atwood Ave., Unit 1			
City/Town North Providence Cranston		State RHODE ISLAND	Zip 002911 02911
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Frank C. Messina			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 7 Waterman Avenue			
City/Town North Providence		State RHODE ISLAND	Zip 02911
6. The name of the NEW registered agent is: Gregory J. Schadone, Esq.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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 Emily Lysikatos			Date 7-27-2021
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

12:51
 FILED
 AUG 04 2021
 BY NG/LSB