RI SOS Filing Number: 202100981360 Date: 9/3/2021 3:07:00 PM

State of Rhode Island  Department of State - Business Services Division			
Statement of Change of Agent  DOMESTIC or FOREIGN Business Corporation  → Filing Fee: \$20.00			R.I. DEFT OF SVO
Pursuant to the provisions of RIGL 7-1-2-502 or 7-1-2-1400 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
Entity ID Number	2. Exact Name of the Corporation		
000161812	Kingfish Capital Advisors, LLC		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 750 Boston Neck Road, Unit 14			
City/Town Narragansett		State RHODE ISLAND	Zip 02882
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:  Michael A. Salvadore, Jr.			
5. The address of the <b>NEW</b> registered office is:  Street Address ( <u>NOT</u> a P.O. Box) 1140 Reservoir Avenue			
City/Town Cranston		State RHODE ISLAND	<sup>Zip</sup> 02920
6. The name of the <b>NEW</b> registered agent is:			
Steven A. Moretti. Esq.			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
☑ Date received (Upon filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more than 30 days from the date of filing)  ☐ Later effective date (Date must be no more date must be			
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 Michael A. Salvadore, Jr.	the Corperation		Date 8/30)2
Signature of Authorized Office 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** 

SEP 0 3 2021

FORM 640 Revised 08/2020

IAD