



State of Rhode Island

Department of State - Business Services Division



### Statement of Change of Agent

DOMESTIC or FOREIGN ~~Business Corporation~~ **LLC**

→ Filing Fee: \$20.00

7-16-11

R.I. DEPT. OF STATE  
BUS SVCS DIV **STAMP**

2021 SEP 14 AM 10:00  
FOR SECRETARY OF STATE  
USE ONLY

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>001678599</b>		2. Exact Name of the Corporation <b>LLC</b> <b>Juliana's Italian Bakery LLC</b>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>42 Brookside Ave</b>			
City/Town <b>North Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <b>Lee Hall</b>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <b>42 Brookside Ave</b>			
City/Town <b>North Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
6. The name of the NEW registered agent is: <b>Heather Hall</b>			
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) _____			
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 <b>Heather Hall LLC</b>		Date <b>9/13/21</b>	
Signature of Authorized Officer of the Corporation <i>Heather Hall</i> <b>LLC</b>			

**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**  
**STAMP**

SEP 14 2021

BY **LATA5**  
**AA 10:00 AM**

FORM 640 - Revised: 08/2020

**642**